KNOWLEDGE OF NURSING HOME PAYMENT SOURCES AMONG OLDER ADULTS: STUDY PERFORMED IN A NORTHEASTERN OHIO COUNTY

By:

Mandi L. Rust

Submitted in Partial Fulfillment of the Requirements

for the Degree of

Master in Health and Human Services

in the

Bitonte College of Health and Human Services

Program

YOUNGSTOWN STATE UNIVERSITY

May, 2004

Knowledge of Nursing Home Payment Sources Among Older Adults:
Study Performed in a Northeastern Ohio County

Mandi L. Rust

I hereby release this thesis to the public. I understand that this thesis will be made available from the OhioLINK ETD Center and the Maag Library Circulation Desk for public access. I also authorize the University or other individuals to make copies of this thesis as needed for scholarly research.

Signature: Mandi L. Rust 5-1-04

Mandi L. Rust, Student — Date

Approvals:

Carol Mikanowicz 5-3-04

Dr. Carol Mikanowicz, Thesis Advisor — Date

Lee Slivinske 5-1-04

Dr. Lee Slivinske, Committee Member — Date

Robert Weaver 5-3-04

Dr. Robert Weaver, Committee Member — Date

Peter J. Kasvinsky 5/6/04

Dr. Peter J. Kasvinsky, Dean of Graduate Studies — Date

Abstract

The study performed contained a pre-test, intervention, posttest design. The sample was made up of a convenience sample of older adults who visited four senior centers in a select northeastern Ohio county. The hypothesis tested was: through the informational sessions and pamphlets provided for the older adults in northeastern, Ohio, the older adult's knowledge of nursing home payment sources will improve.

The respondents consisted of 50 older adults who attended the senior centers that the researcher visited. Respondents' ages varied, however, 60.0% of the respondents fell into the middle categories of ages 70-84. Slightly over half of the respondents, 52.0%, had a high school education. Fifty six percent of the respondents had a yearly pretax income below $20,000.00. Due to the low participation rates, the researcher was unable to complete the pre-test, intervention, posttest design. The analysis of data analyzes the results from the pre-test only.

The results did yield some interesting conclusions. Respondents expressed low income levels, and only a small number of respondents had purchased long-term care insurance. These statistics could be the explanation for respondents' incorrect estimates of the cost of one month of nursing home care. Also, respondents showed high knowledge levels in regards to the questions discussing Medicaid. Possibly these respondents already rely on the program for assistance with health care costs. When considering the questions regarding Medicare coverage in a nursing home, the results are confusing and difficult to interpret.

Recommendations for future research involve offering incentives to participants, and using telephone interviews or in-person interviews to hold their attention.

TABLE OF CONTENTS

List of Tables

Chapter 1

Introduction

The older adult population in the United States is going to increase rapidly as the baby boomer generation reaches 65 years of age. In 2030 there will be an estimated 70 million older Americans comprising 20% of the population (American Association of Retired Persons [AARP] Public Policy Institute, 1996). Already 4.3% of the 65 years old and older population reside in a nursing home. According to the research, knowledge of nursing home payment sources is low (McCormack, Garfinkel, Hibbard, Keller, et al., 2002). With the growing number of older adults in the years to come, and the increasing need for nursing home support, it is imperative that these older adults know and understand their health care insurance information.

The county being studied is located in northeastern Ohio. Within this county there were 35,438 Americans 65 years old and older according to the 2000 census. This comprised 15.8% of the total population (U.S. Census Bureau, 2000). There are 15 nursing facilities in this county that offer both long-term and short-term care. There is an 86% nursing home occupancy rate (Centers for Medicare and Medicaid Services [CMS]: Nursing Facilities, 2002).

Questions Regarding Health Insurance for Older Adults

There are numerous gaps that exist in the healthcare coverage offered to older Americans. Although Medicare is provided free of charge in most situations, it still leaves many gaps- how are older adults supposed to pay those deductibles and co-pays- are they even aware that they will have to pay them? Also, some older people do have private health insurance from retirement plans that will supplement their Medicare

benefits, but is it worth the expense? What about these Medigap policies; are they really all that realistic for older adults living on a fixed income? What about long-term care - do older adults realize what a large expense it is and that the healthcare coverage they have will cover very little in nursing homes and next to nothing in assisted livings? This question is serious; many people walk through the doors of a nursing home having no idea or more often than not, misconceptions about how the stay will be paid. They are unaware of what their health insurance will cover in a long-term care facility.

Medicare Benefits for the Elderly

Medicare is the only government program available to all older people 65 years old and older that is not income-based assistance. It is a healthcare program provided for our older citizens as long as they qualify for social security or railroad retirement. Although most older adults do sign up for the program, they do not take the time to learn and understand the benefits it provides. The Centers for Medicare and Medicaid Services (CMS), formerly known as the Healthcare Financing Administration (HCFA), has researched this problem and instituted national education programs to assist Medicare beneficiaries in the decision-making process. With the institution of the Balanced Budget Act (BBA) of 1997, the market became more complex; however, the options available for older Americans improved. The most noted and talked about was the institution of Health Maintenance Organizations.

Medicare and Nursing Home Payment Sources

Medicare is the most noted and talked about health insurance available to older adults, and many of them rely on it. When it comes to paying for nursing home care, Medicare is only a temporary payer and older adults will have to look to other sources to

help them pay the Medicare co-insurances and for long-term care. The CMS website talks about the possible payment sources for nursing homes. Medicare is described as a temporary payer which only covers costs under certain conditions and when all Medicare guidelines are met. The other sources noted are Medicaid, Personal Resources, Managed Care Plans, Medicare Supplemental Insurance, and Long-Term Care Insurance. Each of these payers will help pay for some form of nursing home care, however, each payer has guidelines that must be met as well, except for personal resources. Many older adults do not realize that if they have the personal resources to pay for long-term nursing home care, they will be forced to use them. Of course if they spend the money on a long-term care insurance policy, this will help pay the expenses; but for how long and at what cost?

Statement of Research Problem

Older adults within the chosen county in Northeastern, Ohio do not have the proper knowledge to make informed decisions regarding their health insurance coverage; specifically in regards to nursing home payment sources. Most older adults do not prepare for the situation and do not know who will pay if they ever need nursing home care.

Significance and Justification

There are a growing number of older adults in the years to come, and there will likely be a growing need for nursing homes to help us care for these older adults. With the Balanced Budget Act (BBA) of 1997, the government instituted the National Medicare Education Plan (NMEP). This program was created by the Health Care Financing Administration (HCFA) and was provided to Medicare eligible beneficiaries. After the inception of the program, the Centers for Medicare and Medicaid Services

(CMS), formerly HCFA, started testing the knowledge of older adults by testing the success of the program. According to McCormack, Anderson, et al. (2001) general knowledge about Medicare was high, however, beneficiaries had difficulties distinguishing between traditional Medicare and Managed Care Organizations, whether Medicare or Managed Care Organizations cover nursing home stays, emergency healthcare, and preventative health services.

Statement of Purpose

The purpose of this study was to determine the knowledge levels of older adults in a select county in northeastern Ohio regarding their health insurance coverage for nursing home care. The study looked to test older adults' initial level of knowledge, provide them with information about the topic, and then retest for comprehension.

Hypothesis

The hypothesis to be tested will be:

1. Through the informational sessions and pamphlets provided for older adults in Northeastern, Ohio, the older adult's knowledge of nursing home payment sources will improve.

Delimitations of Study

The study was delimited by:

1. The study contained respondents from a county in northeastern, Ohio.
2. The income levels of the respondents were relatively low, 20% of respondents fell in the below $10,000.00 category, while another 36% fell in the $10,000.00-$19,999.00 category.

3. There was a significantly larger representation of females; the study contained 12 male and 38 female respondents.
4. Approximately half of the respondents had experience with nursing homes; 52% of respondents has themselves or has had a loved one spend time in a nursing home.

Limitations of the Study

The study was limited by:

1. Access to the needed population was problematic, since there is no direct way to contact older adults in a select community. Random sampling had to be sacrificed and therefore the results will not be generalizable to the larger population.
2. The topic, although not sensitive, is not one that older adults like to talk about until they are forced. Gaining participation will be difficult and participation levels may be low.
3. The questionnaire covers several different nursing home payment sources, the survey may become overwhelming and participants may leave questions blank or give up without completing the survey.
4. The study design involves a pre-test, an informational session, and a posttest. It may be difficult to get the cooperation of participants through the entire study design.

Assumptions of the Study

This proposed study is based on the following assumptions:

1. Older adults do not have a good understanding of their health insurance policies.
2. Older adults do not deal with the topic of nursing homes until it is necessary.
3. The pre-test questionnaire will reveal very low levels of knowledge.
4. The posttest will show an increase in knowledge from the pre-test.
5. The sites with the brochures and the informational sessions will show a greater increase in knowledge.
6. The instrument being used is appropriate for the population being studied.
7. Participants who signed the consent forms were the only ones who participated.
8. Participants were members of an agency for older adults in a northeastern Ohio county.

Operational Definitions

Medicare- A federal government health insurance program available to older adults age 65 years old and older. It is also available to spouses and individuals under age 65 years old in special situations. Medicare Part A is provided free of charge to individuals that worked 40 or more quarters in their lives or their spouses and is available to those who did not meet the quarter requirements for a premium. Medicare Part B is available but has a monthly premium for everyone who chooses to sign up for it (Medicare: Annual Statistical Supplement, 2001).

Medicaid- A state and federally funded program that offers financial assistance to older adults that are unable to pay for all of their health care needs. There are strict regulations on the amount of assets a person can have (CMS: Nursing Homes, 2002).

Personal Resources- Personal Resources are any resources that a person has that can be used to help pay for health care services (CMS: Nursing Homes, 2002). These can include but are not limited to, savings accounts, stock and bonds, cars and homes.

Medicare+Choice Plans- These health insurance plans created by the Balance Budget Act of 1997 expanded the health insurance options of older adults. Medicare+Choice Plans were also known as Medicare Part C. Part C expanded the possibilities for coverage under the Medicare program. These programs included coordinated care plans (health maintenance organizations [HMOs], provider-sponsored organizations [PSOs], preferred provider organizations [PPOs], etc.), private, unrestricted fee for service plans (FFS), and medical saving accounts (provided benefits once a single high deductible had been met) (Medicare: Annual Statistical Supplement, 2001).

Managed Care Plans- Managed care plans are private organizations that older adults can choose to carry their health insurance with in place of traditional Medicare. Some of these policies offer additional coverage. They also have the ability to charge an additional premium. Managed care plans are based on networks, and individuals that use these plans must make sure that the doctors, hospitals, and nursing facilities they choose are in these networks (CMS: Medicare & You handbook, 2001).

Medicare Supplemental Insurance- These policies help pay for the gaps in Medicare coverage. They help to cover the Medicare deductibles and co-insurances. These policies can be purchased privately (Medigap Policies). Some individuals do retain their health insurance when they retire and those policies become secondary to Medicare when the older adult enrolls in Medicare (CMS: Nursing Homes, 2002).

Long-term Care Insurance- Long-term care insurance policies are privately purchased insurance polices that help pay the costs of long-term care. The costs vary a great deal. Normally, these policies pay a set amount per day for a set number of days or years (CMS: Nursing Homes, 2002 & Kassner, 1999).

Short-Term Nursing Home Care- Short-term nursing home care refers to nursing home stays that are not intended to last for an indefinite period of time. This included stays for respite care and rehabilitation following an illness or surgery.

Long-Term Nursing Home Care- Long-term nursing home care refers to a nursing home stay that is for an undetermined amount of time, which is usually for the remainder of the individuals' life.

Summary

Although older adults do appear to have some knowledge about their basic health insurance benefits, when nursing home payment sources are discussed, the knowledge base is lower. This study intends to identify if this lack of knowledge exists in a select

northeastern Ohio county and then attempt to increase the knowledge of the older adults in this community. Then, the increase in knowledge will be tested to determine if the information provided was understood and retained.

Chapter II provides a review of the relevant literature available on the topic. It includes discussions of the six nursing home payment sources, studies testing older adults knowledge of their health care insurance, as well as their family members who aid in the decision making process. There is also a discussion of the Transtheoretical Model and its use by CMS in analyzing older adults and their information seeking behaviors.

Chapter III includes a discussion of the procedures. It presents the study design, the sample, and the instrument used to measure the older adults knowledge of nursing home payment sources. It also discusses the informational session and brochures used in the study design. Chapter III also includes a discussion of the pilot study.

Chapter IV includes the analysis of data. It includes the results of the survey from both the pre-test and posttest.

Chapter V holds the summary and conclusions. It includes a summary of the study's findings and implications for further research.

Chapter II

Review of Literature

The purpose of this study was to determine the knowledge levels of older adults in a select county in northeastern Ohio regarding their health insurance coverage for nursing home care. The study looked to test older adults' initial level of knowledge, provide them with information about the topic, and then retest for comprehension. This section includes a profile of older Americans, a review of the history of Medicare, the current Medicare program including both A and B and Medigap insurance, studies regarding older adults understanding of their health insurance, a discussion of the six nursing home payment sources, studies regarding older adults knowledge of nursing home payment sources, an application of information seeking behaviors and the Transtheoretical Model, and the informational resources available to older adults in this select community. The chapter ends with a discussion of the need for a growing understanding and preparation for the future.

A Profile of Older Americans

In December of 1996, the American Association of Retired Persons (AARP) Public Policy Institute published a study titled "A Profile of Older Americans 1997." Within this study they discussed the demographics of the older population and its growth in the future. In 1996, the number of people age 65 years old and older totaled 33.9 million. This figure comprised about 12.8% of the US population and included approximately one in every eight Americans. By 1990, the under 65 years old population increased only 6%; whereas, the over 65 years old population increased by 8%. The number of older Americans had increased almost eleven times from 1990, totaling 3.1

northeastern Ohio county and then attempt to increase the knowledge of the older adults in this community. Then, the increase in knowledge will be tested to determine if the information provided was understood and retained.

Chapter II provides a review of the relevant literature available on the topic. It includes discussions of the six nursing home payment sources, studies testing older adults knowledge of their health care insurance, as well as their family members who aid in the decision making process. There is also a discussion of the Transtheoretical Model and its use by CMS in analyzing older adults and their information seeking behaviors.

Chapter III includes a discussion of the procedures. It presents the study design, the sample, and the instrument used to measure the older adults knowledge of nursing home payment sources. It also discusses the informational session and brochures used in the study design. Chapter III also includes a discussion of the pilot study.

Chapter IV includes the analysis of data. It includes the results of the survey from both the pre-test and posttest.

Chapter V holds the summary and conclusions. It includes a summary of the study's findings and implications for further research.

Chapter II

Review of Literature

The purpose of this study was to determine the knowledge levels of older adults in a select county in northeastern Ohio regarding their health insurance coverage for nursing home care. The study looked to test older adults' initial level of knowledge, provide them with information about the topic, and then retest for comprehension. This section includes a profile of older Americans, a review of the history of Medicare, the current Medicare program including both A and B and Medigap insurance, studies regarding older adults understanding of their health insurance, a discussion of the six nursing home payment sources, studies regarding older adults knowledge of nursing home payment sources, an application of information seeking behaviors and the Transtheoretical Model, and the informational resources available to older adults in this select community. The chapter ends with a discussion of the need for a growing understanding and preparation for the future.

A Profile of Older Americans

In December of 1996, the American Association of Retired Persons (AARP) Public Policy Institute published a study titled "A Profile of Older Americans 1997." Within this study they discussed the demographics of the older population and its growth in the future. In 1996, the number of people age 65 years old and older totaled 33.9 million. This figure comprised about 12.8% of the US population and included approximately one in every eight Americans. By 1990, the under 65 years old population increased only 6%; whereas, the over 65 years old population increased by 8%. The number of older Americans had increased almost eleven times from 1990, totaling 3.1

million in 1990 and 33.9 million in 1996. The percentage had more than tripled- from 4.1% to 12.8%. Based on data from the U.S. Census Bureau, AARP had estimated the growth of the older American population through the years to come. The most rapid increase was expected through the years that the baby boomer generation reached 65 years of age. This increase was expected between the years of 2010 and 2030. In 2030 there will be an estimated 70 million older Americans comprising 20% of the population (American Association of Retired Persons [AARP] Public Policy Institute, 1996).

In 1996, 52% of the Americans age 65 years old and older lived in nine of the fifty states. Ohio was one of these nine states, caring for over 1 million older Americans. It was estimated that Ohio contained 1,497,000 older Americans, which comprised 13.4% of the total Ohio population (AARP, 1996).

In 1999, the AARP Public Policy Institute researched the healthcare profile of each state. Through their study titled, Reforming the Healthcare System: State Profiles 1999, they analyzed the most significant points in each state. Ohio ranked seventh among the fifty states in total state population. Ohio also ranked among the top ten states in several other categories. These included average daily hospital census, emergency room visits, outpatient visits per 1,000 population, total skilled nursing facility beds, number of HMO's, HMO enrollment, and the number of Medicare+Choice Plans. Ohio ranked 6th in the location of Medicaid spending- where over 40% of spending went to long-term care (Lamphere, Brangan, Bee, & Griffin, 1999).

According to the 2000 census, for the county in northeast Ohio there were 35,438 Americans 65 years old and older in the year 2000. This total comprised 15.8% of the total population. This county contained 89,020 households with 10,188 of those

households maintained by a person age 65 years old or older living alone. This figure was 11.4% of the total households (U.S. Census Bureau, 2000).

According to the 1997 National Nursing Home Survey, about 4.3% of the US population 65 years old or older resided in a nursing home. It amounted to 1,465,000 nursing home residents. Approximately 50% of these residents were 85 years old or older. In 1999 there were 1.81 million nursing home beds, this demonstrated a 12% increase from 1985. Also in 1999, the national nursing home occupancy average was 82.7% (Pandya, 2001).

Within this county in Ohio there were fifteen nursing facilities that offered both short-term and long-term care. According to the Medicare website all fifteen of these homes were certified by both Medicare and Medicaid (CMS: Nursing Facilities, 2002). There was one additional facility that was only Medicare certified and only offered short-term rehabilitation. Within these sixteen facilities, there were 1612 nursing home beds available to the older adults in this county. According to the statistics from each nursing facility's last survey, 1388 of these beds were occupied, which was an 86% nursing home occupancy rate.

The History of Medicare

Medicare was created in 1965 as an amendment to the Social Security Act. Medicare came into existence as Title XVIII and was called "Health Insurance for the Aged and Disabled". It was first implemented in 1966 and covered the majority of people 65 years old and older. Later on, in 1973, new groups of people were added to the list of possible beneficiaries. These people included those entitled to Social Security or Railroad retirement due to a disability and who had been receiving the assistance for 24

months; many people with end stage renal disease (ESRD), and finally Medicare also became available to those individuals who still did not qualify by paying a premium. In 2000, one more group was added; individuals with Lou Gehrig's Disease (amyotrophic lateral sclerosis) became entitled to Medicare benefits without waiting the 24-month eligibility period (Medicare: Annual Statistical Supplement, 2001).

Fronstin & Weinstein (2001) wrote that " Medicare is by far the largest public healthcare financing program, spending $213.6 billion in 1999" (p. 14). In that same year, the program covered almost 40 million Americans. Of those 40 million, 34 million were age 65 years old and older and 5 million were entitled to Medicare benefits through disability. As of 2001, 96% of the older adults were enrolled in Medicare (Frontstin & Weinstein, 2001).

The Medicare Program: Parts A and B

Medicare Part A was primarily known as Hospital Insurance (HI). Part A was provided for beneficiaries free of charge as long as they were 65 years old or older and eligible for Social Security or Railroad retirement benefits. If the older person did not work enough quarters to be eligible, then they would have needed to pay a premium to carry Medicare Part A benefits. The services covered by HI were inpatient hospital care, skilled nursing facility care, some home health charges, and hospice (Medicare: Annual Statistical Supplement, 2001).

Medicare Part A benefits were based around benefit periods. For hospital stays there was a 90-day limit and for skilled nursing stays there was a 100-day limit. There was no limit to the number of benefit periods an individual could use; however there must be a sixty-day break from inpatient hospital and skilled nursing care following a

benefit period in order for the beneficiary to renew their benefits. If they needed inpatient hospital or skilled nursing care before the sixty-day break was complete, they would have to pick up where they left off in the benefit period. All benefit periods had deductibles and co-pay requirements. For a 90-day hospital benefit period there was a deductible and co-payments were required for days 61-90. If a person used up these 90 days and still needed inpatient hospital care, they would have up to sixty days in a lifetime reserve. These were nonrenewable and subject to co-payments. Skilled nursing stays had co-pays for days 21-100 (Medicare: Annual Statistical Supplement, 2001).

Medicare Part B or SMI (Supplementary Medical Insurance) covered services on a fee schedule and did not have benefit periods. It did have deductibles and co-payments. Medicare Part B covered physician/surgeon services, laboratory testing, x-rays, other radiology services, some prescreening preventative tests, outpatient services in a clinic or an emergency room, many ambulatory surgical center services, most physical, occupational therapies and speech pathologist visits, comprehensive outpatient rehabilitation, dialysis and many transplants, approved durable medical equipment for home, drugs and biologicals that were not self administered. In order for all of these services to be covered they were denoted medically necessary or in some instances contained preventative benefits (preventative benefits are limited). Most Medicare Part B services were subject to a deductible and/or co-insurance amounts (Medicare: Annual Statistical Supplement, 2001).

Medigap Insurance

Medigap insurance was coverage that filled the gaps left by the Medicare deductibles and co-payments. These health insurance policies were only useful to

Medicare beneficiaries that remained with traditional Medicare. Beneficiaries that chose to sign up for a Medicare+Choice plan did not need a Medigap policy and in fact, it was illegal for an insurance company to sell a policy to anyone enrolled in a Medicare+Choice plan (CMS & National Association of Insurance Commissioners, 2002). There were ten types of Medigap policies set forth by CMS. They were labeled plans A-J and were offered by private insurance companies. These policies were offered to Medicare beneficiaries to help supplement their Medicare coverage (Fyock, Koepke, Meitl, & Sutton, 2001). Medigap plans were required to cover certain basic benefits. These included the Medicare Part A co-insurance amount, the cost of 365 extra days of hospital care during your lifetime after Medicare coverage ended, Medicare Part B co-insurance or co-payment amounts, and the first three pints of blood each year. Plan A had the least amount of benefits while Plan J had the largest number of benefits (CMS & National Association of Insurance Commissioners, 2002). According to HCFA, in 1999 approximately 30 percent of Medicare beneficiaries purchased Medigap policies to help pay for healthcare services (Fyock, Koepke, Meitl, & Sutton, 2001). Also, many other older adults had Medicare supplemental policies carried over from past or current employment.

The Balanced Budget Act (BBA) of 1997 and Medicare+Choice Plans

The Balanced Budget Act of 1997 created the Medicare+Choice program. It expanded the health insurance options of older adults. Medicare+Choice Plans were also known as Medicare Part C. Part C expanded the possibilities for coverage under the Medicare program. Most Medicare beneficiaries enrolled in both Parts A and B were eligible to enroll in a Medicare+Choice program. These programs included coordinated care plans

(health maintenance organizations [HMOs], provider-sponsored organizations [PSOs], preferred provider organizations [PPOs], etc.), private, unrestricted fee for service plans (FFS), and medical saving accounts (provided benefits once a single high deductible had been met). All of these plans, expect the medical savings accounts, were required to offer the same benefits as traditional Medicare (excluding Hospice services); many chose to offer more than traditional Medicare for an extra premium payment (Medicare: Annual Statistical Supplement, 2001). The most common were the HMO's which provided the needed outpatient prescription drug coverage for Medicare eligible adults for an additional premium (Fronstin & Weinstein, 2001).

Knowledge of Medicare and other Health Insurances among Beneficiaries and their Families

Among older adults there appeared to be a lack of knowledge in reference to their health insurance benefits. Several studies (McCormack, Anderson, et al., 2001 & McCormack, Garfinkel, Hibbard, Kilpatrick, et al., 2001) had been performed to test the knowledge levels and determine the level of success of the nationwide National Medicare Education Plan. After the inception of the BBA of 1997, the federal government realized that they needed some way to share the information about the new healthcare options with Medicare beneficiaries. Therefore they developed the National Medicare Education Program (NMEP). This program was created specifically by the Health Care Financing Administration (HCFA). The most noted educational source of the NMEP was the annual distribution of the Medicare & You handbook explaining the healthcare options available under the Medicare program. It explained traditional Medicare benefits, the other healthcare plan options and supplemental insurance options (McCormack,

Garfinkel, Hibbard, Kilpatrick, et al., 2001). It also contained information about beneficiary rights, responsibilities, protections, and health behaviors (Goldstein, Teichman, Crawley, & Gaumer, 2001). The goal of HCFA was to make sure that all Medicare beneficiaries had access to accurate and reliable information about their healthcare options. They wanted this program to be viewed as trustworthy. It was very important to HCFA to have beneficiaries making informed decisions. The program not only offered the Medicare & You handbook, it also offered toll-free telephone services, Internet sites, REACH (regional office education initiative), the national alliance network, and national training and support for information givers. The program also offered beneficiary counseling by SHIPs (State Health Insurance Assistance Programs). In 1998 the Medicare & You handbook was mailed to beneficiaries in five pilot states and in 1999 reached all beneficiaries nationally. In 2001 handbooks were mailed to approximately 34 million households containing Medicare beneficiaries and approximately 200,000 copies were mailed to new enrollees each month (Goldstein et al., 2001).

In 1998 the Medicare and You handbook was test piloted in the Kansas City metropolitan statistical area (MSA). McCormack, Garfinkel, Hibbard, Kilpatrick, et al. (2001) discussed a study set forth to test the success of the pilot handbook in the Kansas City MSA. The research was performed through computer-assisted telephone interviews with both new and experienced beneficiaries. During the test, approximately 90% of the new and experienced beneficiaries believed that choosing a health insurance plan was a very important or extremely important decision; however, 60% of the surveyed population believed that the decision was hard or very hard to make. When it came to

participants asking for assistance with these decisions, many did not. Only 18% of experienced beneficiaries and 26% of new beneficiaries ever reached out for help when struggling with this decision. Most beneficiaries were not even aware of the organizations available to help them; however 60% of beneficiaries admitted that they would like to use this service if it existed (McCormack, Garfinkel, Hibbard, Kilpatrick, et al.).

The respondents were subdivided into three treatment groups; the first received the Medicare and You bulletin, the second received the 1999 Medicare and You handbook, and the third group received the 1999 Medicare and You handbook and the Medicare Consumer Assessment of Health Plans Study (CAHPS). The CAHPS allowed Medicare beneficiaries to assess their health plans and describe their experiences with these plans. The information provided by beneficiaries was then available to others to help with their decision making process. There was also a control group. The new and experienced beneficiaries were distributed through all groups. The treatment groups were asked to review the materials and then were called immediately following the mailings by CMS. Beneficiaries who received only the handbook spent the most time looking at the information they received. Almost 30% spent more than one hour looking at it. Overall, the Medicare and You materials were perceived as helpful. Eighty percent of the beneficiaries rated the materials as good, very good, or excellent in helping them understand their health plan choices under the Medicare program. Of those who received the Medicare and You materials, nearly 50% of the participants stated that they learned something new; some of the most common issues mentioned were: "where to go to learn about additional benefits, about supplements, choices, savings accounts, etc, he is pleased

with what he has and doesn't want to change, and made the right choice in choosing a new HMO" (McCormack, Garfinkel, Hibbard, Kilpatrick, et al., 2001, p. 40-41).

Another article discussing the same study talked about a variable it included asking Medicare beneficiaries about supplemental health insurance- whether or not they had it and if it was employer sponsored or individually purchased. This variable evaluated knowledge beyond Medicare. Among the experienced beneficiary treatment groups, most participants seemed to be informed about some aspect of the Medicare program, however a large group still lacked knowledge about the cost, coverage and supplemental insurance options (McCormack, Garfinkel, Hibbard, Keller, et al., 2002).

An article in the Healthcare Financing Review discussed the national evaluation of the Medicare & You 2000 handbook. The national study used a 15-item national evaluation knowledge index. This index addressed seven topics: "(1) awareness of Medicare options, (2) access to the original Medicare plan, (3) cost implications, (4) coverage and benefits, (5) plan rules and restrictions, (6) availability of information, and (7) beneficiary rights" (McCormack, Anderson, et al., 2001, p. 50). Through the study, McCormack, Anderson et al. (2001) found that nationally general knowledge about Medicare was high, however, beneficiaries had difficulty differentiating between original Medicare and Medicare managed care benefits. Even after the mailing of the Medicare & You handbook beneficiaries still had difficulty determining if original Medicare or Medicare managed care covered nursing home stays, emergency healthcare, and preventative health services. Only 22% knew whether or not a six month stay was covered in a nursing home, only 19% knew about emergency healthcare coverage, and only 13% were aware of the coverage available for preventative healthcare services. The

survey also discovered that beneficiaries knew very little about their supplemental benefits. Only 20% of beneficiaries knew that if they dropped their Medigap policy, there were limited circumstances under which they could become a policyholder again. Only 15% of the beneficiaries knew that Medigap policies were based on the health of the individual. The tests used in this survey determined that the Medicare & You handbook, although beneficial in some areas, still did not offer assistance with questions regarding nursing home benefits, preventative health services, and several other areas. McCormack, Garfinkel, Hibbard, Kilpatrick, et al. (2001) noted that although the gain in knowledge by some beneficiaries was impressive, overall levels of knowledge were still rather low, with beneficiaries still only answering on average 50% of the questions correctly (This statistic combines the results of the national survey with the Kansas City MSA survey.)

Another approach taken by Sofaer, Kreling, Kenney, Swift, & Dewart (2001) assessed the knowledge needed by family members and friends who assist beneficiaries in the decision-making process. The authors held eight focus groups in San Diego, California and Baltimore, Maryland. Participants in all groups stated that they had and received inadequate information to help their family members and friends in the decision-making process. They also noted that they were unaware of any information provided by CMS. The authors described several instances when older Americans may have difficulty making quality decisions about their healthcare needs. Such instances included limitations in general and health literacy, the condition of their health, sensory and mobility impairment, or cognitive impairment. The focus group members ranged from individuals who had very little to do with the decision making processes of the older

Americans in their life, to individuals who had Power of Attorney and were expected to make all decisions for the beneficiary. Participants discussed how those they helped had difficulty using the telephone to gain access to information, especially due to the automated systems. Also, although many of the people they assisted were capable of taking care of most aspects of their life, the complexity of the materials they were exposed to and the differences in their insurance policies caused a great deal of confusion for the beneficiary. The participants in the study appeared to take their roles very seriously and because of this expressed anxiety over not having enough information to help their family member/friend make an informed choice. This anxiety was noted more often in crisis situations. It was common for participants to take over for an elderly person after a major life transition. Some of these transitions included Medicare eligibility, the death of a spouse, the retirement of a spouse, declines in health as well as moves into nursing homes and assisted living facilities. Several of these life transitions could easily create a crisis situation (Sofaer et al., 2001).

Participants reported that in most cases they did not believe that they had adequate information to play the role they had acquired. In fact, they noted that they were unsure what the proper questions were to ask and they also were usually pressed for time when making these decisions. Participants admitted that due to their lack of knowledge about the insurance policies and the information sources available to them, they were unlikely to make any changes and to go with the first option that presented itself. Only a few of the participants received information directly from Medicare and were aware of the Medicare & You handbook; almost none had read the handbook. The

authors noted that work is needed in this area to assist those people making healthcare decisions for older friends and family members (Sofaer et al., 2001).

Discussion of Nursing Home Payment Sources

As noted in several of these studies (McCormack, Garfinkel, Hibbard, Keller, et al., 2002 & Sofaer et al., 2001), older adults had difficulty understanding their health insurance policies and had very little knowledge regarding who pays for nursing home stays (McCormack, Garfinkel, Hibbard, Kilpatrick, et al., 2001). When someone was helping them with this decision, it was usually during a life transition or crisis situation and there was little time for research (Sofaer et al., 2001). According to the Medicare website, there were six possible sources of payment for nursing home care. These were Medicare, Medicaid, Personal Resources, Managed Care Plans, Medicare Supplemental Insurance, and Long-Term Care Insurance (CMS: Nursing Homes, 2002).

Medicare only payed under certain conditions and for a limited time span. It did not pay for custodial care. It helped pay for nursing home care when the beneficiary required skilled nursing and/or rehabilitation. The staff members who performed these services were obligated to manage, observe, and evaluate the care regularly (CMS: Medicare Coverage of Skilled Nursing Facility Care, April 2002). In order to qualify for this coverage the individual must be placed in a Medicare certified bed in a Medicare skilled nursing facility following a qualifying hospital stay. The qualifying hospital stay was defined as being admitted to a hospital for at least three days (CMS: Nursing Homes, 2002). Medicare would only pay for a possibility of 100 days. The first twenty were covered at 100% and the next eighty had a daily co-insurance amount. However,

Medicare would only continue to pay up to the 100 days or until the skilled nursing and/or rehabilitation was completed (CMS: Medicare & You Handbook, 2001).

Medicaid was a state and federal program that would pay for most expenses in a nursing home for older people with limited assets. Medicaid would only pay when the person was in a Medicaid certified bed in a Medicaid certified facility. Regulations differed from state to state regarding the qualifications for Medicaid assistance (CMS: Nursing Homes, 2002).

Personal Resources were another method to pay for long-term care. This involved nursing home residents paying the expenses out of their personal savings and assets. Individuals who spent down their personal assets on nursing home care usually ended up relying on Medicaid once their resources were exhausted (CMS: Nursing Homes, 2002).

Managed care plans would only pay at facilities that were in their network. managed care organizations signed contracts with nursing facilities which stated that they would pay for services provided in their facility and at what rate they would pay. Usually they only paid for short periods of time and coverage reasons were comparable to Medicare reasons (CMS: Medicare & You handbook, 2001).

Medicare Supplemental Insurance helped pay for the gaps in Medicare coverage, these gaps included deductibles and co-pays. It was often called Medigap because it worked to fill those gaps. Most Medicare supplemental insurance policies would help pay for nursing home expenses, but only if Medicare paid first (CMS: Nursing Homes, 2002).

Long-Term Care Insurance was the final source of nursing home payment. These were mainly private policies and the costs varied a great deal (CMS: Nursing Homes, 2002). In general, these policies reimbursed the insured for long-term care services on a fixed amount. The fixed amount was based on the policy. The insured must have also met the disability guidelines of the policy in order to start using the benefits. The premiums of long-term care policies were not supposed to increase based on the individual's condition, however, could increase across an entire population. The premium was set up according to the type of coverage the beneficiary requested, for example- the amount of coverage and the length of coverage (Kassner, 1999).

According to CMS, seven percent of the Nations spending on healthcare went to nursing homes in the year 2000 (CMS, Office of the Actuary, National Health Statistics Group, 2002). Nursing home care expenditures in 2000 were the highest for the Medicaid program. This program paid for 48.1% of nursing home care. Medicare paid for 10.3% and out-of-pocket payments paid for 27% of nursing home expenditures. The remaining 14.6% was a combination of third party payments including private insurance, other private funds, and public, state, and local expenditures not included under Medicaid. The total dollar amount spent was 329 billion (CMS, Office of the Actuary, National Health Statistics Group, 1980-2000).

The dollar amounts totaling these expenditures started with daily room and board rates. According to an AARP article, in 1998 the average room and board rate was $153.00 per day. This totaled approximately $56,000 a year. They also noted that Medicaid room & board rates were usually lower and varied from state to state. In 1998 they averaged $95.72 per day (Pandya, 2001). An article from Healthcare Financial

Management (2001) noted that there was a 150% increase in the cost of nursing home care in a nine-year period according to a study by the Agency for Healthcare Research and Quality medical expenditure panel survey. From 1987 to 1996, the total nursing home expenditure rose from 28 billion to 70 billion. They also noted that the payment sources changed substantially with Medicare payments totaling 1.9% in 1987 and 18.9% in 1996.

Knowledge of Nursing Home Payment Sources among Older Americans

AARP conducted a study titled, The Costs of Long-Term Care: Public Perceptions Versus Reality (2001) which noted that most people did not realize the costs of long-term care and are unprepared to pay for it. The survey was conducted through telephone interviews with a total sample population of 1,800 adults who were 45 years old and older. It included the baby boomer generation who will drastically increase the number of older people in the US from 2010 to 2030. Respondents who participated in the survey were asked to give their self-reported familiarity with long-term care issues. Approximately 60% of the respondents stated that they were "somewhat familiar" with the long-term care services available, and 21% stated that they were "very familiar with long-term care services. Long-term care in this survey was defined as someone receiving care on a regular basis for at least three months. The care needed to be age-related or some type of chronic condition. This included home-care, day-care, assisted living, and nursing homes (Roper ASW, 2001).

Even though over 50% of the respondents thought that they were at least somewhat familiar with long-term care, their responses to the other questions showed otherwise. When respondents were asked to estimate the monthly cost of nursing homes,

only 15% estimated within +-20% of the national average cost. Also, one in four, or 24% of the participants responded "doesn't know". Among those who did offer a cost estimate, 19% or one in five, stated that their guess was just that- a guess- and based on "just a hunch" (Roper ASW, 2001).

Respondents also contradicted their self-reported knowledge when answering questions about funding sources for long-term care. Respondents tended to believe that funding sources were available that really were not; especially when it came to Medicare/Medigap and Medicaid (Medi-Cal). Over half of the respondents, 55% believed that Medicare paid for nursing home stays for at least a three month period or more based on age-related and chronic conditions. Slightly over half of the respondents – 51%- believed that Medicaid paid for a nursing home stay. It is true that Medicaid supported approximately 70% of nursing home residents in some way; however, there were strict financial requirements that must be met before Medicaid would assist in paying for a nursing home. Where Medigap or supplemental insurance policies were concerned there were just as many respondents who answered "don't know" versus "yes". About 39% of the respondents answered, "don't know" and 41% answered yes; however, Medigap and supplemental insurance policies did not pay for long-term care in a facility. They were meant to supplement Medicare or be secondary to Medicare and in most cases only paid when Medicare paid first (Roper ASW, 2001).

The survey also asked respondents if they had purchased insurance to help pay for long-term care costs. Approximately 31% of the respondents believed that they had purchased an insurance policy that would assist them in paying for long-term care services. Although there is no way to know for sure, the authors were concerned by this

statistic because the percentage was much larger than the national statistic. In 1998 the Health Insurance Association reported that approximately 6% of the American population had purchased long-term care policies some time before 1998. It would be very difficult to believe that the number rose from 6% in 1998 to 31% in 2001. It concerned the authors because many people may have had a false sense of security about their preparedness for the future costs of long-term care. As noted by the statistics reported in the study, there was a significant lack of knowledge among those age 45 years old and older regarding the costs and funding sources for long-term care services (Roper ASW, 2001).

Wegge Strategic Research conducted a study for Care Quest National Work and Family Life Programs titled "Perception of Medicare Long-Term Care Coverage Among those Aged 65 and Over in the United States". Their study focused primarily on the misconceptions of people who were 65 years old and older with regard to Medicare benefits for long-term care. Robert Pearson, the President and Chief Executive Officer of Care Quest, noted in an article from the on-line Senior Journal that our most vulnerable members of society were those that think Medicare is going to pay their long-term care costs (Senior Journal, 2001). The study found that 63% of those age 65 years old and older, nearly two-thirds, did not know or had incorrect information regarding Medicare's coverage for long-term skilled nursing care. Only 37% of the respondents knew that Medicare did not pay for skilled nursing home care beyond 100 days.

Information-Seeking Behaviors and the Theory of the Transtheoretical Model

In trying to adjust their information campaign to meet the needs of all Medicare beneficiaries at whatever stage of their knowledge, CMS adopted an information-seeking

model to assist them in helping beneficiaries make informed decisions. They were attempting to tailor the message to target the beneficiaries at their different levels of information seeking. The three groups they targeted were passive, reactive, and active (or pro-active) information seekers (Levesque, Prochaska, Cummins, Terrell, & Miranda, 2001). Passive information seekers were those that lacked the knowledge and ability to gather the information that they needed to make an informed choice. Most beneficiaries fell into this category and ended up making poor decisions or not getting needed services due to their lack of knowledge and information. The reactive group of information seekers only desired the information in times of need, such as when a developmental or environmental event occurred, these included new illnesses or changes in financial situations. The pro-active (or active) group of people tended to seek out information in advance of needing it (Levesque et al., 2001). This model represented three groups of people, a) people that were prepared, b) people who prepared when life required them to do so, and c) people who did not know how to go about preparing themselves. If materials existed to reach all of these levels then when someone wanted to be prepared, they could, and when someone waited until it was too late, then there would be easily assessable materials in their reach. Information targeting each of these groups could be very successful; however, in reactive and passive situations it still may be difficult to make an informed choice due to time constraints and problems related to waiting until it was too late.

In two separate articles, authors Levesque et al. (2001) and Levesque, Prochaska, Cummins, & Evans (2000) had suggested using the Transtheoretical Model for assisting Medicare beneficiaries in the battle to make informed choices about their health

insurance needs. Levesque et al. (2000) & Levesque et al. (2001) talked about the Transtheoretical Model (TTM) or stage model, as having the ability to be adapted to the needs of CMS in their campaign to help older Americans make informed decisions. As Levesque et al. (2000) stated the TTM was a process of change that showed people progressing through a series of stages as they grew and changed. The most common stages were precontemplation, contemplation, preparation, action, and maintenance. The stages started with simply thinking about the change to making it a part of your routine (Levesque et al. (2000) & Levesque et al. (2001). In the book titled Health Behavior and Health Education, Prochaska, Redding, & Evers (1997) described the stages of TTM in more detail. In the Precontemplation stage people had not considered taking action yet, and would probably not consider action for at least another six months. In the contemplation stage, people started to accept the need for change and would probably look to change within the next six months. The next stage, preparation, involved the person getting ready ("prepared") for change and they were usually within one month of making that change. Action involved the person actually making a change within the last six months. And finally, maintenance was the stage when the person worked to maintain the change. The TTM also considered change in greater detail and discussed what brought about change and what made a person willing to change. It discussed the decisional balance, or the pros and cons of changing. The model also considered self-efficacy- did the person have the confidence to make the change and maintain it or would temptation win out. There were also ten processes of change that Prochaska et al. (1997) discussed. These included consciousness raising, dramatic relief, self-reevaluation, environmental reevaluation, self-liberation, helping relationships, counter conditioning,

contingency management, stimulus control, and social liberation. Each of these processes of change were activities that people participated in covertly or overtly while moving through the stages of change (Prochaska, et al.).

Levesque et al. (2000) believed that the TTM would guide CMS in developing stage-matched interventions for Medicare beneficiaries. They began to move through the stages of change and moved towards a better understanding of Medicare benefits and learned to make informed decisions regarding their health insurance. Levesque et al. (2000) also believed that the TTM would serve as a scientific framework for integrating and coordinating the different services that CMS was providing. They used responses to questions on the Medicare Current Beneficiary Survey (MCBS) to determine the stages beneficiaries fell into and developed a staging algorithm. They worked to develop three staging algorithms to assess beneficiaries in three areas of decision-making. These areas were learning about the Medicare program, learning about Medicare HMO's, and reviewing existing health plans options. Below describes how the TTM was adapted to fit this scenario.

Precontemplation:	Has not reviewed health plan options and has no intention of reviewing in the next year
Contemplation:	Has not reviewed options, but intends to review in the next year
Preparation:	Has not reviewed options, but intends to review in the next three months
Action:	Has been reviewing options for one year or less
Maintenance:	Has been reviewing options for more than one year

(Levesque et al., 2000, p. 9)

Through the research, Levesque et al. (2000) found that as a whole, Medicare beneficiaries were furthest along in their readiness to learn about the Medicare program. They were able to place 44% of the respondents in the Action stage. Whereas only 27% had reached the Action stage when it came to their readiness to learn about the availability and benefits of HMO's. And only 12% had reached the Action or Maintenance stage when faced with considering different health plan options. (Levesque et al.)

Levesque et al. (2000) then used the statistical technique of Latent Transition Analysis (LTA) to study the process of change and look for progression, regression, and no movement through the stages. They compared the results from Round 18 and Round 24 of the MCBS. There was a twenty-month period between the two surveys. During that time period, beneficiaries tended to move forward one or two stages or move backwards one stage. From round 18 to round 24, 55% of the beneficiaries moved from the precontemplation stage to the contemplation (37%) and preparation (18%) stages. The results also showed that 12% of the individuals in the Action stage during the first round regressed backwards during the twenty-month period. Levesque et al. (2000) believed that the development of TTM could assist researchers in building interventions based on the stage that someone is in and could improve beneficiaries' progression and prevent relapses.

Informational Resources for Older Adults in a Select County in Ohio

Within a select county there are several resources available for older members of the community. First of all, in addition to the Medicare & You handbook, there was a publication listing the Medicare+Choice plans in Ohio according to county. Starting with

the 2003 Medicare & You handbook, the Medicare+Choice Plan information was now part of the same publication. The Ohio Department of Aging created an on-line Long-term Care Consumer Guide strictly for Ohio. It allowed all facilities to produce a facility page and publish it as part of the Consumer Guide. Part of the program also asked facilities to have their responsible parties and residents complete satisfaction surveys and the statistics were published on the web site. The guide also allowed consumers to access local facility's Ohio Department of Health Annual Survey results and compare several facilities. The web site was released early in 2003.

The District XI Area Agency on Aging (2001) recently started publishing a resource guide titled "Older Adults: The Resource Guide for Mature Adults and Their Families". It covered a broad range of topics including community and outreach services, crisis and caregiver support services, information about Medicare, Medicaid, Social Security and Medical Insurance, medical and health services, and housing and healthcare facilities. The Social Security and Medicaid offices also had their own publications that they provided free of charge explaining their services. Also, both the Sprint and Ameritech telephone books offered a senior section that provided information on community services. Within this select county, the resources were available, however, it was difficult to tell if they were used. It was safe to assume that many states around the country provided similar services, however, there was still a nationwide need to improve the knowledge of older Americans or those making decisions for them, so when a life transition took place or a crisis occurred, they would be prepared with the necessary knowledge to make the right decision.

Growing Need for Understanding and Preparation for the Future

Across the US there is a growing need for all Americans, especially older Americans, to understand and make the best decision when choosing a health insurance plan. With the baby boomer generation aging and joining the growing number of older adults, the country will be faced with the 65 years old and older population growing faster than the under 65 years old population. New payment sources may arise and the popularity of long-term care insurance may grow due to the number of elderly that will require care from the community. Knickman and Snell (2002) believe that there will be a need for social and public policy changes in order to care for the older members of the community. They believe that by 2030 the number of elderly people will be twice what it is today and society will be forced to develop new payment and insurance systems for long-term care that work better than the existing programs. In the meantime, it is important for older adults to understand their insurance options and coverage.

Summary

With the increasing number of older adults in the years to come and the noted lack of knowledge and confusion regarding health insurance and nursing home payment sources, there is a growing need for understanding of nursing home payment sources. More and more people will be looking to nursing homes to provide their needed health care either on a short-term or long-term basis, they need to be ready for the financial implications as well.

With the complexity of the nursing home payment sources, including Medicare, Medicaid, Personal Resources, Managed Care Plans, Medicare Supplemental Insurance, and Long-term Care Insurance, there appears to be a trend towards improving the

knowledge of older adults. CMS had developed the National Medicare Education Plan and has continued to publish and improve their yearly handbooks. They have also worked to publicize the telephone help lines available to older adults. The selected Ohio county studied as well as the state of Ohio have also done their part in attempting to spread knowledge about health insurance and services available to older adults.

With all the new informational sources available, there was still a noted lack of knowledge in some areas. Knowledge levels varied according to the nursing home payment source, however there was needed improvement in all areas. Through CMS's implementation of the Transtheoretical Model to Medicare beneficiaries, hopefully there will be knowledge interventions available to older adults at every level of information seeking.

Chapter III will include a discussion of the methods and procedures carried out in this study.

Chapter IV includes the analysis of data from the pilot study and actual study. Both were performed in northeastern, Ohio.

Chapter V will discuss the conclusions of the study. It will contain a summary as well as implications for further research.

Chapter III Methodology

Introduction

The purpose of this study was to determine the knowledge levels of older adults in a select county in northeastern Ohio regarding their health insurance coverage for nursing home care. The study looked to test older adults' initial level of knowledge, provide them with information about the topic, and then retest for comprehension. The study investigated the participants' knowledge of Medicare, Medicaid, and personal resources.

This chapter contains a description of the study design, selection of subjects, instrumentation, procedures of the survey, administration of the survey, a discussion of the pilot study, and collection and treatment of data.

Study Design

The study design consisted of a convenience sample of participants from four select sites in a county located in northeastern Ohio. Because the four sites were managed by the same organization, the researcher was given permission to use the sites and to ask participants to partake in the research. The design consisted of a pre-test, intervention, and a posttest. Site 1 only agreed to the pre-test and intervention. Site 2 agreed to the pre-test, intervention and posttest, and both Sites 3 and 4 only agreed to the pre-test and intervention. At both Sites 2 and 3, brochures were handed out during the intervention speech as a visual aid.

Permission for access to the older adults in the select county was granted through the local Senior Centers over site agency. The senior advocacy agency had approved the researcher's request to speak with the older adults that visited the four Senior Centers they administrated. Permission was granted through the Executive Director, as well as

from the Information and Referral department. The written authorization is found in Appendix A. They were willing to offer assistance and allow access to their Senior Centers. In order to set up a date and time to visit each site, the researcher contacted each Center's Manager.

Selection Of Subjects

Each Site Manager arranged a date and time immediately before or following a scheduled activity in anticipation of recruiting a sizable group. The researcher asked each Site Manager the method they would like to use to tell the older adults about her upcoming visit. Site 1 and Site 2 stated that a flyer to hang up would be fine. The Site 2's Manager also requested a sign up sheet. The Site 4 Center Manager stated that if she hung a flyer, no one would pay attention to it, so she would just mention it to everyone. At Site 3, the Center Director wanted to spread the message by word of mouth as well. She took the title of the presentation and said she would let everyone know about the researcher's upcoming visit.

Instrumentation

The survey items contained questions about Medicare, Medicaid, long-term care insurance and private resources. (Appendix B) The initial questions asked respondents to give some background information about themselves, including gender, age, educational level, and income level. It asked respondents to self-report their financial preparedness for both short-term and long-term nursing home placement. It also asked respondents the basic requirements for Medicare and Medicaid to cover nursing home care and the time limits and financial stipulations associated with these payers. Respondents were asked if they had purchased any coverage or set aside money for long-

term nursing home care. They were asked to give their best guess at the estimated cost for nursing home care.

Procedure of Survey

The study had a pre-test, intervention, posttest design. It consisted of respondents being asked to complete the pre-test (Appendix B), listen to a short informational intervention (Appendix C), and then fill out the posttest (Appendix D). Through the study, the researcher hoped to test their initial level of knowledge, provide new knowledge regarding nursing home payment sources, and then retest for comprehension. At two of the sites only, a brochure was handed out to respondents for them to follow along during the informational session. The brochure (Appendix E) was offered at two sites, Sites 2 and 3, to determine if written information aided the older adults in understanding and comprehending the shared information.

Administration of the Survey

As the administration of the survey was completed at each site, the researcher found that the participant's interest levels were low. The pre-test/posttest design was not completed due to the low interest levels. At all four sites, the pre-test was administered to those participants that agreed to participate and signed a consent form (Appendix F) and the informational intervention was offered to the older adults gathered for their event. Only at Site 2 did respondents agree to complete the posttest. At this site, the Center Director was very involved in gaining the older adults participation.

Site: 1

Date: November 12, 2003

The Site 1 Senior Center was the first site the researcher visited to perform the study. The researcher had prepared a flyer and sign up sheet for the Center Director to hang up. When she arrived she was told that no one had signed up. The sign up sheet was hanging in the midst of many flyers on the bulletin board. The researcher was scheduled to precede their lunch; since no one signed up, she had to wait until people were sitting down to eat and attempt to gain their participation. The researcher waited until 11:00 a.m., hoping that she would still have enough time to perform the entire study. There were approximately 15 people in the room at 11:00 a.m. and the woman in charge of the meal program introduced her and then the researcher gave her brief introduction and requested participation. She then went from table to table asking everyone if they would be willing to participate. Seven of the older adults agreed to take a consent form and a survey. Most of the older adults did not even give a reason why they would not fill out the survey. The researcher then went around to collect the consent forms while they were filling out the survey. One woman gave both of them back stating that her husband does not like for her to sign anything. Four of the seven did attempt to complete the survey. Only one was completed in full and the respondent chose the same answer for questions 8-20.

The researcher then gave her intervention speech. A few people did appear to be listening, however, it was difficult for them to hear since most of the people did not even stop talking long enough for the researcher to make the presentation. One individual

walking in for lunch at the end of the presentation did ask for a handout since she had missed the presentation.

When the researcher was saying goodbye to the Center Director, she was directed to the Information and Referral office to leave the remaining brochures. On her way there, the Center's Secretary stopped her to ask how many people had participated in the study. The researcher told her maybe three, and she responded " that's three more than I expected you to get, this is a tough bunch, they don't like to participate in anything."

Site: 2

Date: November 13, 2003

The Center Director of Site 2 Senior Center asked for a Flyer and Sign up sheet to hang up. The researcher was scheduled to visit the center at 11:30 a.m. following a line dancing class. When she walked in the door, the Center Manager had her sign up sheet in hand, welcomed her, and notified her that he had offered everyone an incentive to participate in her study. Anyone willing to stay and participate in the study was offered a $1.00 off the normal lunch price. Approximately 12-15 people agreed to stay and take part in the study. The Center Manager set up the tables in a square so everyone would be sitting in a group. Before lunch was served, the researcher gave her introduction, passed out the consent form, and then as she was passing out the surveys, collected the consent forms. Once the surveys were completed, she collected them and lunch was served. Once everyone was settled down to eat, she passed out the brochures and gave the intervention presentation. Everyone seemed attentive and paid attention or at least sat quietly while she was talking. It was a small lunch, so it did not take very long for everyone to eat. Once she completed the presentation, she was asked several questions,

after responding to the questions, everyone was done eating so she passed the survey around again to perform the posttest. The researcher had lost several respondents by this time. After the completion of the second survey, she thanked everyone for their participation and several people left; however the few remaining had more questions. She answered several more questions and was thanked for visiting and sharing several times.

Site: 3

Date: November 14, 2003

The researcher was scheduled to arrive at Site 3 Senior Center at 11:00 a.m., however, she was unsure of how long it would take her to get there so she left early and arrived about 10:35a.m. There were only four people there at that time. She was welcomed with open arms. The Center Director introduced her and started sharing some knowledge about the Center. The building had been donated about 19 years ago and the men of the Senior Center took it from cement brick walls to a pleasant and welcoming environment. They were the only Senior Center in the state of Ohio that does not receive government assistance or funding. They work to pay their bills and were very proud of it. When the researcher arrived, they were working on several different projects. One lady was preparing for lunch, another was working on quilts, and the other two were packaging parts for a factory. These were some of the ways they produce their income. As each member walked in the door, they expected to sit down and work on something until lunch. One gentleman made sure the researcher had something to do as well. He sat her down with some rubber parts for a factory and explained how she needed to package them. She worked along side the older adults for over an hour. She was unable

to start the study before lunch because they were all working. The researcher was asked to perform the study during lunch. She was provided a meal and served first so she could eat quickly and start the presentation before everyone was done with lunch. The Center Director was concerned that if she waited too long, everyone would leave before she could do anything. Toward the end of the lunch, the researcher introduced herself and explained the project. She passed around the consent forms and then collected them as she passed around the surveys. Several people did take the time to fill out the survey, but again if the questions were too hard and they did not know the answers, they would not even attempt a guess. She heard several comments during the survey; one person asked, "What is long-term care insurance?" Several were joking about the sex question. Several did not seem to take the survey seriously. There were a total of 19 respondents, however, only 8 actually attempted to fill out the survey in its entirety. One man kept joking, stating that the researcher was going to try and get him admitted to a nursing home, she kept stressing to him that she was pro knowledge not pro nursing home. In all of her introductions she tried to make that clear. One gentleman did ask her which one she worked at, she told him that she could not say, but that she was there as a student, not a nursing home employee.

Once most of the surveys were completed, the researcher passed around the brochures and offered her intervention presentation. At the conclusion of the presentation, people were ready to go and she had no chance to do a posttest. Two of the women did thank her for sharing.

Site: 4

Date: November 18, 2003

On November 18, 2003, the researcher visited the Site 4 Senior Center. The Center Director did not request a flyer, sign up sheet, or information about the project. She stated that if she hung anything up, no one would pay attention to it. When the researcher arrived, no one was expecting her. She was asked to come around 12:00 p.m. to catch people before their 1:00 p.m. Bingo game. Since no one knew she was coming, she had to wait until about 12:45 p.m. before she could begin. There was a group of 35-40 people. The Assistant Center Director introduced her and she thanked everyone for his or her time and explained the project. The researcher proceeded to pass out the consent forms. Then as she passed out the surveys, she collected the consent forms. She gave the respondents as much time as she could, trying to encourage them to fill out the surveys by asking if there were any questions and letting them know that she was going to start the presentation soon. The Assistant Center Director told her that she needed to start the presentation; they would begin to get impatient. The researcher collected the surveys, gave the presentation and thanked them for their time. There were no questions and in no way were they were going to let her take up any more of their time for a post-test. As she was collecting her things in the back of the room, the Bingo announcer made a comment about whether or not they still wanted to play the first game of Bingo (an early game) since that girl took some of their time and they were starting late. Again, the Center Director and Assistant Director were very welcoming, but they knew that it would be difficult for the researcher to get anyone to participate. The Center Director stated that she has known these people for 2 1/2 years; however, they still refuse to fill out

paperwork for her at times. The researcher was lucky that she had as many participants as she did.

Pilot Study

The researcher was unable to locate a desirable survey with questions appropriate for the research. The Thesis Committee reviewed and approved questions for a pilot study. Since the survey had not been previously implemented, a reliability test, Pearson's correlation, was performed. The procedure consisted of the researcher contacting two sites in an adjacent Ohio county. This county had a different physical setup; their sites were strictly meal sites for the seniors. The researcher contacted a hot meal program, which referred her to several of their meal sites. On June 24, 2003, she visited two different meal sites in this adjacent county. The respondents were explained the purpose of the study, asked to sign the consent form and then complete the survey. All consent forms and surveys were collected individually and placed in separate envelopes to maintain the anonymity of the respondents.

Pilot Study Results

There were a total of 31 Respondents who attempted to fill out the survey between both adjacent county Meals Sites. The charts below summarize the characteristics of the respondents. While the ages were spread out, the education levels and yearly pre-tax income levels were similar. Approximately half (58.1%) of the respondents had themselves or a loved one who spent time in a nursing home, yet only 9.7% of respondents had purchased long-term care insurance. There were 5 (16.1%) males and 26 (83.9%) females.

Table 1

Age of Pilot Study Respondents

	Frequency	Percent
Age 65-69	5	16.1
Age 70-74	8	25.8
Age 75-79	6	19.4
Age 80-84	5	16.1
Age 85-89	6	19.4
Total	30	96.8
Missing	1	3.2

Table 2

Education Level of Pilot Study Respondents

	Frequency	Percent
Less than High School	5	16.1
High School	21	67.7
Some College	4	12.9
Other	1	3.2
Total	31	100

Table 3

Yearly Pretax Income of Pilot Study Respondents

	Frequency	Percent
Less Than $10,000.00	18	58.1
$10,000.00 - $19,999.00	9	29.0
$40,000.00 - $49,999.00	2	6.5
$50,000.00 - $59,999.00	1	3.2
Total	30	96.8
Missing	1	3.2

In Question 5, respondents were also asked to make their best guess at the cost of a month in a nursing home. Respondents' answers varied a great deal. They ranged from $1500.00 to $10,000.00 monthly. The average cost estimate was $3486.52.

Table 4

Respondents Cost Estimates of Nursing Home Care (per month)

	Frequency	Percent
$1500.00-$2499.00	6	19.3
$2500.00-$3499.00	7	22.6
$3500.00-$4499.00	6	19.4
$4500.00-$5499.00	2	6.5
$5500.00-$6499.00	1	3.2
$6500.00 & Above	1	3.2
Total	23	74.2
Missing	8	25.8

In 13 Questions (Q8-Q20) of the survey respondents were asked to strongly agree, agree, disagree, or strongly disagree with statements regarding payment sources for nursing home care.

When respondents were asked (Q8) if they believed that they had the resources to pay for a 4-month stay in a nursing home, 12 (38.7%) respondents strongly disagreed, 10 (32.3%) disagreed, and 7 (22.6%) agreed while only 1 (3.2%) strongly agreed. When asked (Q9) if they had the resources to pay for a long-term nursing home stay (4 months or more) respondents answered in a similar manner. Again, 12 (38.7%) respondents replied strongly disagreed, 11 (35.5%) disagreed, 5 (16.1%) agreed, and again only 1 (3.2%) strongly agreed.

Respondents were asked (Q10) if they had taken steps to financially prepare for nursing home placement for themselves or a loved one. Since 27 respondents stated that they did not have long-term care insurance, it seemed that respondents realized that they were unprepared for the situation. Thirteen (41.9%) respondents stated that they strongly disagreed and 10 (32.2%) stated that they disagreed, meaning that they had taken no steps to financially prepare for nursing home placement. Only 4 (12.9%) respondents agreed and only 1 (3.2%) respondent strongly agreed. Consequently, the income level of respondents might play a factor in their financial preparedness. Eighteen (58.1%) of the respondents had a yearly pretax income of less than $10,000.00, while another 9 (29.0%) respondents grossed between $10,000.00 and $19,999.00.

Respondents were asked (Q11) if they believed that long-term care insurance would pay for the entire cost of nursing home care. Even though most respondents did not appear to have long-term care insurance, most knew that it usually did not pay for the entire cost of long-term care. Twelve (38.7%) respondents strongly disagreed while another 12 (38.7%) disagreed, only 2 (6.5%) respondents strongly agreed while another 2 (6.5%) agreed.

While respondents seemed to note their lack of resources in paying for nursing home care, it was interesting to note that a significant number of respondents did not believe that they had to draw on their personal assets to pay for long-term nursing home care (Q12). Twelve (38.7%) respondents strongly disagreed while 7 (22.6%) disagreed. Only 10 respondents (6-agree/4strongly agree) realized that they would have to draw on their personal assets to pay for long-term nursing home care.

Respondents, for the most part, realized that Medicare did not pay for long-term nursing home care (Q13). Only 6 (19.4%) respondents (2 strongly agree/4 agree) believed that Medicare would pay while 16 (51.6%) respondents (7 strongly disagree/9 disagree) realized that Medicare would not pay for long-term nursing home care. There were 9 respondents that left the question blank.

Medicare covered stays in nursing homes must be preceded by a three-day qualifying hospital stay (Q14). Six (19.4%) respondents strongly agreed, and 10 (32.3%) respondents agreed. Thirty eight point seven percent of respondents (7 strongly disagree/5 disagree) disagreed with this statement. When there was a three-day qualifying hospital stay and the resident had met all other Medicare criteria, they were eligible for short-term Medicare coverage in a nursing home (Q15). The first 20 days of a Medicare stay were covered at 100%. Thirteen (42.0%) respondents agreed (2 strongly agree/11 agree) with this statement. However, 12 (38.7%) respondents disagreed (5 strongly disagree/7 disagree) and 6 respondents left the question blank. When asked about the possibility of 100 days of Medicare coverage (Q16), the results were similar. Fifteen (48.4%) respondents answered positively to whether or not Medicare offers at least partial coverage for up to 100 days in a nursing home. While 11 (35.5%) respondents disagreed and 5 respondents left their response blank. When the statement that nursing home residents must be receiving certain services in order for Medicare to pay (Q17) was posed, the statistics were similar again. Sixteen (51.7%) respondents agreed with the statement while 8 (25.8%) respondents disagreed. There were 7 respondents that did not answer.

Respondents were asked (Q18) to consider whether or not Medicaid pays for long-term care in a nursing home, 16 (51.6%) respondents agreed and did believe that it pays for long-term care, 11 (35.5%) respondents disagreed and did not believe that it pays for long-term nursing home placement. Still 4 respondents left the question blank. Respondents were then posed with the statement Medicaid coverage was only obtainable when one has no other way to pay for nursing home care (Q19). Seventeen (54.9%) respondents agreed (7 strongly agreed/10 agreed) with this statement, while 11 (35.5%) disagreed (5 strongly disagreed/6 disagreed). There were only 3 missing responses. Respondents were then posed with the more specific statement that a nursing home resident cannot have more than $1500.00 in assets to qualify for Medicaid (Q20). Nineteen (61.3%) respondents agreed (7 strongly agreed/12 agreed) with this statement. Nine (29.0%) respondents disagreed (5 strongly agree/4 disagree). Three respondents left their answer blank.

After the survey was submitted to participants and then analyzed for their understanding and comprehension, it was determined that the language used and the questions posed were in an acceptable format. There did not appear to be any misinterpretations of the questions and respondents did not express difficulty in understanding the questions. No changes were made to the survey.

Reliability Analysis

In order to determine the reliability of the Likert scale in the proposed survey, a correlation matrix was prepared to review the internal consistency. The alpha for the thirteen questions was .8411. This alpha was strong. The thirteen items were subdivided into three groups for analysis. The three topics were personal resources and paying for

nursing home care (Q8-Q12), Medicare and its role in paying for nursing home care (Q13-Q17), and Medicaid and the role it plays in paying for nursing home care (Q18-Q20).

When reviewing the relationships between the questions regarding personal resources there were strong correlations. Respondents showed a strong correlation (r= .8464) between having resources to pay for short term and long-term nursing home care. Also when respondents were asked if they were financially prepared for nursing home placement, there was a moderate to strong correlation (r=.7160) with having to use personal assets to pay for long-term care. The respondents tended to disagree with these questions overall and this could be attributed to their low income levels; 87.1% of respondents gross under $20,000.00 annually. Also it was noted that 87.1% of the respondents did not have long-term care insurance, which may show that they did not feel a need to prepare for long-term nursing home placement for whatever reason.

When considering the questions regarding Medicare and paying for nursing home care, the results were confusing. There was only a strong correlation (r= .8694) between the statements that Medicare requires a 3-day qualifying hospital stay for coverage and Medicare offers at least partial coverage for 100 days of nursing home care. But other than that the correlations were weak and moderate.

The topic of Medicaid coverage in a nursing home yielded strong correlations. There was a strong positive correlation between all of the variables pertaining to Medicaid coverage. The relationship between Medicaid coverage based on financial need and a Medicaid resident only being allowed $1500.00 in assets showed the strongest correlation (r=.9760).

There were two questions that created some difficulty when reviewing the analysis. The first question asked respondents if long-term care insurance pays for the entire cost of nursing home care. The second question asks respondents if Medicare pays for long-term (four months or more) nursing home care. These were the only two questions where the most desirable answer was Strongly Disagree, which meant that when these items were entered into SPSS they were negatively coded. Neither item had a positive correlation with any of the other variables. These results cause concern with either the knowledge of the respondents or how serious the respondents took the survey. If respondents simply circled answers without reading the questions then this could be the reason for these problems. However, the problem could simply be a lack of knowledge. Many respondents admitted to not having long-term care insurance, maybe they have never looked into it and have no idea how it pays. Also it is a common misconception that Medicare pays for long-term nursing home care. Hopefully through the administration of the survey to the Older Adults in the selected county, the discrepancies with these two questions can be further researched and explained.

Pilot Study Summary

The pilot study offered some interesting results regarding the older adults knowledge of nursing home payment sources. There were some areas that raised concern, such as the number of respondents that left questions blank. Was it a lack of knowledge or a lack of interest in the survey that caused the large amount of missing data?

There were also several areas that the lack of knowledge could be correlated to another variable. For example, the income levels of the respondents were very low as

well as their ownership of long-term care insurance. With the cost of long-term care insurance, it would only make sense that the respondents of this survey did not purchase it because their income levels did not allow them to financially prepare for long-term nursing home care. Along the same lines, it appeared that some of the respondents were familiar with Medicaid benefits.

Collection of Data

The surveys were collected in a manner that assured the participants their anonymity. Before the administration of the first survey, the consent forms were distributed and explained to the participants. After completion of the consent forms, they were then collected and placed in an envelope separate from the surveys. After the administration of the first survey, an envelope was passed around for all the surveys to be placed in by the respondents. Their consent forms could in no way be connected with the surveys at this point. After the administration of the second survey at Site 2, the same process was repeated, guaranteeing the anonymity of the respondents. Unfortunately, participants were not willing to take part in the posttest at the other three sites.

Treatment of Data

The data was entered into the SPSS 10.0 data analysis program to analyze the information obtained through the surveys. As a result of the marketing technique, there were a total of 50 respondents throughout all four sites. There were four respondents at Site 1, twelve respondents at Site 2, nineteen respondents at Site 3, and fifteen respondents at Site 4. The pre-test and posttest information were handled individually. The results from each test were analyzed separately to determine the knowledge levels expressed through the participants' responses in both the pre-test and posttest. Summary

and descriptive statistics were prepared for the pre-test data. The researcher attempted to run Paired Sample T-test for Site 2, the only site with a posttest, however, due to the low number of respondents, the results were unable to be interpreted. The discussion of Site 2's results includes a chart showing the changes in responses from the pre-test to the posttest.

Summary

The study design consisted of a pre-test, intervention, and a posttest. Unfortunately, the method used for the selection of subjects did not have the success that the researcher had hoped for. The older adults at three of the four sites were not interested in the topic. Only at one site did the older adults agree to participate in the pre-test, intervention, and posttest. The survey instrument did not appear to cause confusion or hinder participation. Most respondents appeared to understand the questions asked.

The length of time needed to perform the study also appeared to be a problem. The researcher started with an introduction, and then moved on to the consent forms. By the time the surveys were passed out, it appeared that most of the older adults had lost interest and were ready to move on. The researcher worked very hard to hold their attention for a few more minutes while she performed the informational intervention. Participants were respectful for the most part, but were not interested and did not want to participate in the posttest.

The next Chapter, Chapter IV, will describe the analysis of data from the study performed in the select county in northeastern, Ohio.

The final section, Chapter V will review the conclusions and limitations of the study as well as discuss the recommendations for future research.

Chapter IV

Analysis of Data

The purpose of this study was to determine the knowledge levels of older adults in a select county in northeastern Ohio regarding their health insurance coverage for nursing home care. The study looked to test older adults' initial level of knowledge, provide them with information about the topic, and then retest for comprehension. The data collected in this study was entered into SPSS 10.0 and analyzed through frequencies and percentages. The first section discusses the respondents' background information, the second section discusses their knowledge of nursing home payment sources.

Background Information

Respondents' ages varied, with respondents falling into all age categories. The categories ranged from 55 years old to 89 years old. The mean age category was 75-79 years old with 24.0% (12) of the respondents in this category. Table 5 shows the age distribution of the respondents.

Table 5

Age of Respondents

	Frequency	Percent
Age 55-64	5	10.0
Age 65-69	4	8.0
Age 70-74	8	16.0
Age 75-79	12	24.0
Age 80-84	10	20.0
Age 85-89	5	10.0
Age 90-100	1	2.0
Total	45	90.0
Missing	5	10.0

Twenty-seven (54.0%) respondents answered the question asking their best estimate of the cost for one month in a nursing home. Although there was a broad range of estimates, from $200.00 to $24,000.00 per month, the mean was $4496.00. Of the 50 respondents, 52.0% or 26 respondents had themselves or had a loved one spend time in a nursing home; while 44.0% or 22 respondents did not have this experience. Only 6.0% (3) of respondents carried long-term care insurance. Table 6 identifies the distribution of cost estimates.

Table 6

Respondents' Cost Estimates of Nursing Home Care (per month)

	Frequency	Percent
Less Than $2000.00	2	4.0
$2000.00-$2999.00	3	6.0
$3000.00-$3999.00	14	28.0
$4000.00-$4999.00	1	2.0
$5000.00-$5999.00	1	2.0
$6000.00-$6999.00	3	6.0
$7000.00 and Above	3	6.0
Total	27	54.0
Missing	23	46.0

When posed the question of education level, 18.0% (9) of respondents had acquired less than a high school level. As Table 7 describes, the largest group, 52.0% (26) of respondents had a high school education. Of the remaining respondents, 14.0% (7) had some college, 4.0% (2) of respondents were college graduates, 2.0% (1) did post-graduate work, and 8.0% (4) of respondents marked other which was explained by respondents as a technical or business school.

Table 7

Education Level of Respondents

	Frequency	Percent
Less than High School	9	18.0
High School	26	52.0
Some College	7	14.0
College Graduate	2	4.0
Post-Graduate	1	2.0
Other	4	8.0
Total	49	98.0
Missing	1	2.0

Thirty-five respondents answered the yearly pretax income question. As described in Table 8, 36.0% (18) of respondents fell into the $10,000.00 - $19,999.00 category. Twenty percent (10) respondents fell into the less than $10,000.00 category. Only 4.0% (2) of respondents fell in the $20,000.00 - $29,000.00 category, 8.0% (4) fit the $30,000.00 - $39,999.00, and 2.0% (1) respondent fell into the $70,000.00 - $79,999.00 category.

Table 8

Yearly Pretax Income of Respondents

	Frequency	Percent
Less Than $10,000.00	10	20.0
$10,000.00-$19,999.00	18	36.0
$20,000.00-$29,999.00	2	4.0
$30,000.00-$39,999.00	4	8.0
$40,000.00 and Above	1	2.0
Total	35	70.0
Missing	15	30.0

Knowledge of Nursing Home Payment Sources

The final thirteen questions (Q8-Q13) on the survey were in a Likert format and tested respondents' knowledge of nursing home payment sources, including Medicare, Medicaid, long-term care insurance, and personal resources. Among the responses to the Likert Scale, there was a large amount of missing data. Approximately half of the 50 respondents answered questions 8-20. The thirteen questions are listed in Table 9 along with respondents' participation levels.

Questions eight and nine asked respondents about the availability of their own resources to pay for nursing home care. When asked if they had the resources for a short-term nursing home stay (Q8), 16.0% (8) of respondents strongly disagreed while another 20.0% (10) of respondents disagreed. Only 24.0% (14) of respondents agreed or strongly agreed. When asked if they had the resources for a long-term nursing home stay (Q9), 26.0% (13) of respondents strongly disagreed and 12.0% (6) disagreed. Fourteen percent (7) of respondents agreed that they did have the resources for long-term nursing home care and only 6.0% (3) of respondents strongly agreed. When respondents were asked if they had taken steps to financially prepare for nursing home placement (Q10), 26.0% (13) strongly disagreed, 14.0% (7) disagreed and only 12.0% (6) of respondents agreed or strongly agreed.

When respondents were asked if long-term care insurance pays for the entire cost of nursing home care (Q11), only 2.0% (1) of respondents agreed. The remaining respondents 52.0% (26) disagreed or strongly disagreed. Respondents were also asked if they believed that they would need to draw on their personal assets to pay for long-term nursing home care (Q12). Thirty four percent (17) of respondents agreed or strongly

agreed that they would have to use their personal assets. Sixteen percent (8) of respondents disagreed or strongly disagreed.

The survey also asked questions regarding Medicare coverage in a nursing home. The first question asked respondents if Medicare pays for long term nursing home care (Q13). Only 8.0% (4) of respondents agreed with this statement, while 34.0% (17) of respondents disagreed or strongly disagreed. Respondents were also asked if Medicare requires a three-day hospital stay in order to cover nursing home care (Q14). Some respondents seemed to be aware of this stipulation since 38.0% (19) of respondents agreed or strongly agreed with this statement; and only 10.0% (5) of respondents disagreed or strongly disagreed. Respondents were also asked if Medicare offers full coverage for 20 days of nursing home care when all guidelines have been met (Q15). Eighteen percent (9) of respondents agreed and another 8.0% (4) strongly agreed; however, 20.0% (10) of respondents disagreed or strongly disagreed. The next statement said that Medicare offers at least partial coverage for 100 days when all guidelines are met (Q16). Respondents' answers were similar to the last question. Twenty percent (10) of respondents agreed, 4.0% (2) strongly agreed, and 22.0% (11) of respondents disagreed or strongly disagreed. The last statement regarding Medicare stated that certain types of services are required in order for Medicare to provide coverage (Q17). Twenty two percent (11) of respondents agreed or strongly agreed; while 16.0% (8) of respondents disagreed or strongly disagreed.

The last nursing home payment source that the survey covered was Medicaid. Respondents were asked if Medicaid pays for long term nursing home care (Q18). Only 18.0% (9) of respondents believed that it did and agreed or strongly agreed. Fourteen

percent (7) of respondents strongly disagreed and 18.0% (9) disagreed. Respondents were also asked to respond to the statement that Medicaid coverage is based on financial need and is obtainable only when one has no other way to pay for nursing home care (Q19). Respondents did realize that Medicaid was for the elderly adults who had no other means- 24.0% (12) of respondents agreed and 18.0% (9) strongly agreed. Only 10.0% (5) of respondents disagreed or strongly disagreed. The final statement said that Medicaid residents in a nursing home could have no more than $1500.00 in assets (Q20). Respondents did seem to be aware of this state regulation since only 6.0% (3) of respondents disagreed or strongly disagreed, while 20.0% (10) of respondents agreed and another 20.0% (10) strongly agreed.

In analyzing the results from the four sites in northeastern, Ohio, there was a large amount of missing information. While over 100 older adults were present and asked to participate in the study, only 50 started the survey and many of those respondents filled out the background information but did not even attempt the Likert Scale questions. There were twelve males and thirty-eight females who participated in the study. This was the only question all respondents answered. Of those 50 respondents, five chose not to reveal their age, two refused to state whether or not a loved one had spent time in a nursing home, one did not share educational level, and four did not state whether or not they had long-term care insurance. Fifteen respondents chose not to share their yearly pretax income. Table 9 shows the valid and missing data from the Likert Scale, questions 8-20.

Table 9

Pre-test Valid and Missing Data

Questions	Valid	Missing
8.I have the resources to pay for a 4 month stay in a nursing home.	32	18
9.I have the resources to pay for long-term (4 months or more) nursing home expenses if I or someone I love needed it.	29	21
10.I have taken steps to financially prepare for nursing home placement for myself or someone I love if necessary.	26	24
11.Long Term Care Insurance will pay the entire cost of nursing home care.	27	23
12.I would need to draw on personal assets to pay for long-term (4 months or more) nursing home care if it became necessary.	25	25
13.Medicare pays for long-term (4 months or more) nursing home care.	21	29
14.A Medicare covered stay in a nursing home must be preceded by a three-day hospital stay.	24	26
15.When all guidelines are met, Medicare offers full coverage for 20 days in a nursing home.	23	27
16.When all guidelines are met, Medicare offers at least partial coverage for up to100 days in a nursing home	23	27
17.A nursing home resident needs to receive certain types of services for Medicare to be a primary payer	19	31
18.Medicaid pays for long-term care in a nursing home.	25	25
19.Medicaid coverage is obtainable only when one has no other way to pay for nursing home care.	26	24
20.A nursing home resident cannot have more than $1500.00 in assets to qualify for Medicaid.	23	27

Site 2 Results

Respondents at Site 2 provided the highest levels of participation. Although there were only twelve respondents, the study design was a success with this group. Of the twelve respondents, ten were available for the entire study period and were able to participate in the posttest. Nonetheless, some respondents were unable to complete the entire survey.

Three males and nine females participated in the study. Two respondents fell into the 55-64 age group, one in the 65-69, three in the 70-74, three in the 75-79, and three respondents in the 80-84 age group. Seven respondents had a high school education. Only one respondent had less than a high school education, two respondents had some college, one was a college graduate and another marked other. Of the twelve respondents, five respondents had either used a nursing home or had a loved one in a nursing home. Respondents' estimates on the cost estimate of one month of nursing home care ranged from $200.00 to $6000.00 monthly. The average cost estimate was $3300.00. All twelve respondents did not have long-term care insurance. Ten of the twelve respondents answered the question of yearly pretax income. Two respondents yearly pretax income was less than $10,000.00; five respondents were between $10,000.00 and $19,999.00, two respondents were between $30,000.00 and $39,999.00 and one respondent fell into the $70,000.00 to $79,999.00 category.

The small sample size made comparisons between the pre-test and posttest difficult. For the purpose of reporting the results, the researcher combined the strongly agree and agree categories into a single agree category and the strongly disagree and

disagree categories into one disagree category. In Table 10 the results of the pre-test and posttest at Site 2 are listed

The results in Table 10 showed little differences between the pre-test and posttest responses for most questions. What differences that are seen largely result from respondents' withdrawal from the study or failure to complete the posttest questionnaire. For example, in question eight of the pre-test, six agree and four disagree, while in the posttest, there are still six respondents that agree and only one that disagreed. Did three of the respondents that disagreed in the pre-test not complete the posttest, or did several respondents change their mind? The results cannot show us this because of the small and the different number of respondents in each group. These results, although they could be interesting, are not practical to compare through a Paired Sample T-test. The results would be skewed by the missing data. The results would not represent the actual beliefs of the respondents.

The substantial change in respondents' beliefs in regards to question 13 was worth noting, however. In the pre-test, seven respondents disagreed and only one agreed that Medicare pays for long-term nursing home care; however, in the posttest, only two respondents disagreed and five respondents agreed that Medicare pays for long-term nursing home care. This suggests that the informational sessions did not achieve their intended purpose. The next chapter discusses several of the difficulties associated with the study design, and suggests ways wherein they might be overcome.

Table 10

Site 2 Pre-test/Posttest Comparisons

Variables	Pre-test		Posttest	
	Agree	Disagree	Agree	Disagree
8.I have the resources to pay for a 4 month stay in a nursing home	6	4	6	1
9.I have the resources to pay for long-term (4 months or more) nursing home expenses if I or some I love needed it	4	5	4	3
10.I have taken steps to financially prepare for nursing home placement for myself or someone I love if necessary	2	6	1	5
11.Long-term care insurance will pay the entire cost of nursing home care	1	8	0	7
12.I would need to draw on personal assets to pay for long-term (4 months or more) nursing home care if it became necessary	6	3	7	0
13.Medicare pays for long-term (4 months or more) nursing home care	1	7	5	2
14.A Medicare covered stay in a nursing home must be preceded by a three-day hospital stay	6	3	6	1
15.When all guidelines are met, Medicare offers full coverage for 20 days in a nursing home	5	4	3	3
16.When all guidelines are met, Medicare offers at least partial coverage for up to 100 days in a nursing home	6	3	5	1
17.A nursing home resident needs to receive certain types of services for Medicare to be a primary payer	3	5	3	2
18.Medicaid pays for long-term care in a nursing home	3	7	4	2
19.Medicaid coverage is obtainable only when one has no other way to pay for nursing home care	8	2	6	1
20.A nursing home resident cannot have more than $1500.00 in assets to qualify for Medicaid	7	2	6	1

Summary

Although the low response rate makes it difficult to draw firm conclusions, the research suggested that respondents demonstrated limited interest in the topic of nursing home payment sources. This was surprising in light of the fact that many respondents, or a loved one, had spent time in a nursing home and, furthermore, may have to move into one in the not-so-distant future. There were several possible explanations for this. First, it was possible that older adults simply did not like to talk about nursing homes and their financial resources. Another possible explanation could be linked to the income levels of respondents. If an individual did not have enough money to worry about saving for nursing home care or to purchase a long-term care insurance policy, then they might consider it unnecessary to learn about the topics? Approximately half of the respondents did not even try to guess the monthly cost of nursing home care, and those respondents that did guess gave responses ranging from $200.00 to $24,000.00 monthly. The minimal interest was a serious concern since 52% of respondents had themselves or a loved one who had already spent time in a nursing home. These speculations were supported by the substantial number of respondents who did not believe that they had the resources to pay for short-term or long-term nursing home care without even knowing the cost.

Chapter V, the final chapter, summarizes the study and discusses the different limitations of the study. In this chapter, recommendations for future research are also discussed.

Chapter V

Summary

The research question posed in this study was "What impact does informational sessions on nursing home payment sources have on older adult's knowledge of nursing home expenses?" The study was designed with a pre-test to determine the knowledge of older adults in a county in northeastern, Ohio. The survey asked some background information and then asked respondents to agree or disagree with thirteen statements about nursing home payment sources. Respondents were offered the informational session and then tested again to determine if the informational session had an impact on their knowledge. Unfortunately, respondents did not show interest in the topic and were not willing participants in the entire pre-test-intervention-posttest design. Most respondents were only willing to fill out the pre-test and listen to the intervention (informational session). At Site 2 only, respondents were willing to complete the posttest.

Based upon past research stated in the literature review, it appeared that there was a lack of knowledge among older adults regarding nursing home payment sources; unfortunately, the researcher in this study was unable to provide this type of information about the selected northeastern Ohio County. The researcher was unsuccessful in gaining interest from the older adults at the four sites she visited. If you consider questions posed to the researcher at Site 2 and comments made at Site 3 about long-term care insurance, there could very well be a lack of knowledge, but due to the low participation levels the researcher was unable to compare this county to the national statistics. The low

participation levels and a very definite lack of interest could very well mean that there was a lack of knowledge among the older adults in the select county.

The low participations levels could be attributed to several other factors. These could include not only a lack of knowledge but a lack of understanding of the topic as well, a lack of a willingness to deal with the topic, a feeling that the topic will never affect their lives, or a belief that when the topic does touch their lives, they will let someone else handle the decision making.

Conclusions

The hypothesis in this study was, through the informational sessions and pamphlets provided for older adults in northeastern, Ohio, the older adults' knowledge of nursing home payment sources will improve. The researcher was not able to test this hypothesis due to the low levels of participation, the large amount of missing data, and the respondents' unwillingness to participate in the posttest. The researcher was able to draw some conclusions based on the respondents' answers to the pre-test.

Over half of the respondents, 52.0% had achieved a high school education. However, 56.0% of respondents had a yearly pretax income of less than $20,000.00. When respondents were asked to make their best estimate of the cost of a month in a nursing home, the guesses ranged from $200.00 to $24,000.00 monthly. This was a broad range and showed a significant lack of knowledge in the cost of nursing home care. Only 6.0% of the respondents had long-term care insurance. The broad range of guesses at the cost of nursing home care could be attributed to the low income levels of respondents as well as the low number of respondents that had purchased long-term care insurance. This could also explain why a large number of respondents disagreed and

stated that they did not have the resources for a long-term (38.0%) or short-term (36.0%) nursing home stay. These results could also explain why 40.0% of respondents did not take steps to financially prepare for nursing home placement.

Respondents also expressed high levels of knowledge in their responses to several of the questions regarding Medicaid coverage. Forty two percent of respondents realized that Medicaid coverage was based on financial need and 40.0% of respondents knew that Medicaid nursing home residents were limited to no more than $1,500.00 in assets. Due to the low income levels of respondents, there was a chance that several respondents were already familiar with Medicaid regulations and had used their community services to help with their health care expenses.

When the questions regarding Medicare coverage were discussed, there were no other variables to consider when analyzing respondents' answers. It did appear that for those respondents who did answer, there was some general knowledge of Medicare benefits. Thirty four percent of respondents realized that Medicare did not pay for long-term nursing home care and 38.0% of the respondents knew that Medicare coverage required a three-day hospital stay. However, for several of the questions discussing Medicare coverage, there were almost the same number of respondents who agreed and disagreed. For example, when asked it Medicare offered full coverage for twenty days when all guidelines have been met, 26.0% of respondents agreed and 20.0% of respondents disagreed. The statistics were similar when respondents were asked if Medicare offered at least partial coverage for 100 days when all guidelines were met, 24.0% of respondents agreed and 22.0% of respondents disagreed. Even though

respondents did seem to have some knowledge of their Medicare benefits, there appeared to be confusion and misconceptions.

Limitations

There were approximately over 100 older adults present at the four sites during the researcher's visits. Of these 100 older adults, 50 attempted to start filling out pre-tests and approximately 14 completed the survey in its entirety. Approximately 25 respondents answered each question. At each site, the researcher introduced herself, explained the study, and assured respondents that she was promoting knowledge not promoting nursing homes. It did not seem to matter. Overall, participants were not interested in participating and gaining the knowledge the researcher had to offer.

The researcher had a difficult time finding a way to access the older adult population in the selected county. It is safe to conclude that the methods chosen by this researcher were unsuccessful. The older adults either were not interested or not happy with the way they were approached; either way they were not willing participants.

Recommendations for Future Research

Future researchers will have a difficult time finding ways to reach this population. It may be necessary to complete telephone interviews or in-person interviews in order to hold the respondent's attention and encourage continued participation. If future researchers continue to approach the population as a group, they will need to keep the study design short and make sure not to interfere with the older adults' scheduled social activities.

Future researchers may also want to consider testing the population that is approaching the Medicare age of 65 years old rather than testing those that are already

Medicare beneficiaries. The younger population may desire the information more since it will be something new to them and they are still planning for their future. Those 65 years old and older have probably already made their plans for the future and do not have an opportunity to change those plans.

In future research, another option for gaining participation involves the researcher offering incentives to participate. At Site 2, the only site that had a successful pre-test and posttest, the Site Director offered the older adults a $1.00 off of their lunch if they stayed to participate in the study. Once respondents agreed to the reduced lunch price, they felt obligated to stay for the duration of the study.

The instrument used in this study was designed and tested by the researcher. Respondents did not appear to have difficulty understanding the survey, however, it did appear that many of the individuals who completed the background information did not approach the thirteen questions on the Likert Scale. Possibly redesigning the survey to not appear to be two separate sections may encourage respondents to continue filling out the survey even when they are hesitant. The break caused by the change in design gave respondents an easy stopping point.

It was difficult to determine for sure what caused the difficulties experienced by the researcher, however, there was a definite lack of interest from the respondents. This lack of interest could have simply been caused by a lack of interest or a lack of knowledge and an unwillingness to learn on the part of the respondents. Either way, this led to a large amount of missing data. Future researchers will have to look for ways to gain higher participation levels to determine if the lack of knowledge of nursing home payment sources does exist in this select county.

Bibliography

American Association of Retired Persons. (1996). A profile of older Americans 1997. Retrieved July 17, 2002 from the World Wide Web: http://research.aarp.org/general/profile97.html#table1

Centers for Medicare & Medicaid Services. (2002). Nursing Facilities in Ohio. Retrieved December 3, 2002 from the World Wide Web: http://www.medicare.gov

Centers for Medicare & Medicaid Services. (2002). Medicare & You 2002. [Brochure]. Publication No. CMS-10050.

Centers for Medicare & Medicaid Services. (2002). Medicare & You: Medicare+ Choice Local Plan Information. [Brochure]. Publication No. CMS-11007.

Centers for Medicare & Medicaid Services. (2002, April). Medicare coverage of skilled nursing facility care. Retrieved April 4, 2002 from the World Wide Web: http://www.medicare.gov/Publications/Pubs/pdf/snf.pdf

Centers for Medicare & Medicaid Services. (2002). Nursing homes: Paying for care. Retrieved March 27, 2002 from the World Wide Web: http://www.medicare.gov/nursing/payment.asp

Centers for Medicare & Medicaid Services & National Association of Insurance Commissioners. (2002). Choosing a Medigap policy: 2002 Guide to health insurance for people with Medicare. Retrieved October 21, 2002 from the World Wide Web: http://www.medicare.gov/Publications/Pubs/pdf/guide.pdf

Centers for Medicare & Medicaid services, Office of the Actuary, National Health Statistics Group. (July 17, 2002). The nations health dollar: 2000. Retrieved July 26, 2002 from the World Wide Web: http://www.cms.hhs.gov/statistics/nhe/historical/chart.asp

Centers for Medicare & Medicaid services, Office of the Actuary, National Health Statistics Group: U.S. Bureau of the Census. (1980-2000). Table 7: Nursing home care expenditure aggregate and per capita amounts and percent distribution, by source of funds: Selected calendar years 1980-2000. Retrieved July 26, 2002 from the World Wide Web: http://www.cms.hhs.gov/statistics/ nhe/historical/t7.asp

District XI Area Agency on Aging. (2001). Older Adults: The resource guide of mature adults and their families. [Brochure].

Fronstin, P., & Weinstein, M. (2001). Medicare in the 21st century. Benefits Quarterly. Retrieved March 27, 2002 from the World Wide Web: http://olc5.ohiolink.edu:20080/bin/gate.exe?f=doc&state=7j30uh.2.144

Fyock, J., Koepke, C., Meitl, J, & Sutton, S. (2001). Beneficiary decision making: The impact of labeling health plan choices. Health Care Financing Review. Retrieved March 27, 2002 from the World Wide Web: http://olc5.ohiolink.edu:20080/bin/gate.exe?f=doc&state=7j30uh.2.95

Goldstein, E., Teichman, L., Crawley, B., & Gaumer, G. (Fall 2001). Lessons learned from the national Medicare & you education program. Health Care Financing Review. Retrieved March 27, 2002 from the World Wide Web: http://olc5.ohiolink.edu:20080/bin/gate.exe?f=doc&state=7j30uh.2.99

Health Care Financing Administration. (2001). Medicare & You 2001. [Brochure]. Publication No. HCFA-10050.

Kassner, Enid. (1999, May). Long-term care insurance. AARP Research. Retrieved July 17, 2002 from the World Wide Web: http://research.aarp.org/health/fs7r99_long_term.html

Knickman, J., & Snell, E. (August 2002). The 2030 problem: Caring for aging baby boomers. Health Services Research 37:4. Retrieved October 21, 2002 from the World Wide Web: http://journals.ohiolink.edu:20080/local-cgi/send-pdf/020921101438134969.pdf

Lamphere, J., Brangan, N., Bee, S., & Griffin, K. (1999, December). Reforming the health care system: State profiles 1999. AARP Public Policy Institute. Retrieved July 17, 2002 from the World Wide Web: http://research.aarp.org/health/d17094_states99.pdf

Levesque, D., Prochaska, J., Cummins, C., Terrell, S, & Miranda, D. (Fall 2001). Assessing Medicare beneficiaries' readiness to make informed health plan choices. Health Care Financing Review 23:1. Retrieved March 27, 2002 from the World Wide Web: http://olc5.ohiolink.edu:20080/bin/gate.exe?f=doc&state7j30uh.2.93

Levesque, D., Prochaska, J., Cummins, C., & Evans, J. (October 12, 2000). Assessing readiness of Medicare beneficiaries to participate in informed health care choices. (Pro-Change Behavior Systems: Contract No: 17-C-90950/1-01) Prepared for Health Care Financing Administration; Baltimore, MD.

Medicare: Annual Statistical Supplement, 2001. Social Security Bulletin. Retrieved March 27, 2002 from the World Wide Web: http://olc5.ohiolink.edu:20080/bin/gate.exe?f=doc&state=7j30uh.2.34

McCormack, L., Anderson, W., Kuo, M., Daugherty, S., Bann, C., & Hibbard, J. (Fall 2001). Measuring beneficiary knowledge in two randomized experiments. Health Care Financing Review 23:1. Retrieved March 27, 2002 from the World Wide Web: http://olc5.ohiolink.edu:20080/bin/gate.exe?f=doc&state=7j30uh.2.96

McCormack, L., Garfinkel, S., Hibbard, J., Kilpatrick, K., & Kalsbeek, W. (Fall 2001). Beneficiary survey-based feedback on new Medicare informational materials. Health Care Financing Review 23:1. Retrieved March 27, 2002 from the World Wide Web: http://olc5.ohiolink.edu:20080/bin/gate.exe?f=doc&state=7j30uh.2.97

McCormack, L., Garfinkel, S., Hibbard, J., Keller, S., Kilpatrick, K., & Kosiak, B. (2002, February). Health insurance knowledge among Medicare beneficiaries. Health Services Research 37:1. Retrieved June 4, 2002 from the World Wide Web: http://proquest.umi.com/pqdlink?Ver=1&Exp=07-01-2003&VAULT=1&FMT=FT&DID=000000112701365&REQ=1&Cert=6Hfs6Y%2fvZvzlWkJUpb6mfAjILwbyC5k6YLTaU%2fe4bf6wJ6bGb48btWJvla%2bwfMJA9fKWuhBgpXGZZChNOPWkHF9BezF5q%2bQVaa7bDeOC2D8-

Nursing home costs rise 150 percent in nine years. (2001, October). Healthcare Financial Management. Retrieved June 18, 2002 from the World Wide Web: http://proquest.umi.com/pqdlink?Ver=1&Exp=07-01-2003&VAULT=1&FMT=FT&DID=000000082974654&REQ=1&Cert=jKKGw3iOzapeuuoE48KacEdKlunz7akgccxuK8P193Tachh0v4jEXizcrFKmflxOAYbvtaaSq5KhfQ6iPkXfKioP1DA0jeGxV11Ggo3m2tm

Ohio Department of Aging. (2001) Long Term Care Consumer Guide. Retrieved July 17, 2002 from the World Wide Web: http://LTCOhio.org

Pandya, S. (2001, February). Nursing homes. (AARP Publication). Washington, DC. Retrieved July 17, 2002 from the World Wide Web: http://research.aarp.org/health/fs10r_nursing.html

Prochaska, J., Redding, C., & Evers, K. (1997). The transtheoretical model and stages of change. In K. Glanz, F. Lewis, & B. Rimer (Eds.), Health Behavior and Health Education (pp. 60-84). San Francisco, California: Jossey-Bass, Inc.

Roper ASW. (2001, December). The costs of long-term care: Public perceptions versus reality. (AARP Publication). Washington, DC. Retrieved July 5, 2002 from the World Wide Web: http://www.research.aarp.org/health/ltc_costs_1.html

Senior Journal. (2001, June 26). New long-term care study released by care quest: A crisis even the greatest generation can't conquer. Retrieved March 27, 2002 from the World Wide Web: http://www.seniorjournal.com/NEWS/Retirement/06-26-1LngTrmCr.htm

Sofaer, S., Kreling, B., Kenney, E., Swift, E., & Dewart, T. (Fall 2001). Family members and friends who help beneficiaries make health decisions. Health Care Financing Review 23:1. Retrieved March 27, 2002 from the World Wide Web: http://olc5.ohiolink.edu:20080/bin/gate.exe?f=doc&state=7j30uh.2.92

U.S. Census Bureau. (2000). Table DP-1. Profile of general demographic characteristics: 2000; Geographic area: Trumbull County, Ohio. Retrieved July 26, 2002 from the World Wide Web: http://censtats.census.gov/data/OH/05039155.pdf

Wegge Strategic Research. (2001, May). Perceptions of Medicare long-term care coverage among those aged 65 and over in the United States. Conducted for Care Quest National Work & Family Life Programs. Care Quest, Inc.

Appendix A

Written Authorization from Senior Advocacy Agency

February 24, 2003

Janet Schweitzer, Executive Director

Dear Ms. Schweitzer:

I am writing to let you know that my thesis committee liked my idea of reaching out to older adults in the community through the Senior Centers. I am happy to say that they approved my idea. I thank you for giving me the opportunity. I will be contacting your information and referral department in a couple of weeks to attempt to set up our first meeting.

I apologize, but I have to ask you for one more thing. In order to receive approval from the Human Subjects Committee at Youngstown State University, I need something in writing from you stating that you give permission for me to perform the research through your Senior Centers. I am enclosing a simple document that you can use or if you would prefer to prepare a letter of your own that is fine.

I thank you again for your time and the opportunity to reach the older adults in our community through your centers.

If you need verification of anything, please feel free to contact my advisor, Dr. Carol Mikanowicz at (330) 941-3658.

Thank you.
Sincerely,

Mandi L. Linnen

February 24, 2003

Janet Schweitzer, Executive Director

Dear Ms. Schweitzer:

I am a graduate student at Youngstown State University in the Masters in Health & Human Services Program. I am working on a Master's thesis that deals with older adults in , Ohio and their knowledge of nursing home payment sources. I have been looking for a way not only to test this knowledge but offer knowledge of this topic to the community as well.

I am requesting the opportunity to reach the older adults in Ohio through the five Senior Centers that your organization is in charge of. These centers are . I would like to visit these centers, ask members to fill out surveys and offer them some knowledge of nursing home payment sources as well.

Please consider my request for authorization to perform the research described above through the five Senior Centers that are overseen by

Thank you.

Mandi L. Linnen

☑ Authorization Granted

Janet E. Schweitzer — Signature
Executive Director — Title
2/27/03 — Date

☐ Authorization Denied

Signature
Title
Date

Appendix B

Survey Instrument (Pre-test)

INSTRUCTIONS: *Please read the questions below and check the answer that most closely pertains to your situation.*

1. What is your sex? (*check one*) _____Male _____ Female

2. In what year were you born? _____

3. What was the last level of education you completed? (*check one*)

   a. Less than high school:_____
   b. High school graduate: _____
   c. Some college: _____
   d. College graduate: _____
   e. Post-graduate: _____
   f. Other (specify): _____

4. Have you or a loved one ever spent time in a nursing home? (*check one*)

   a. Yes: _____
   b. No: _____

5. What is your best estimate of the cost of nursing home care on a daily or monthly basis?

$ _____ Daily Rate $ _____ Monthly Rate

6. Do you have Long Term Care Insurance? *(check one)*

   a. Yes: ____
   b. No: ____

7. What is your yearly pre-tax income? *(check one)*

a. Less than $10,000	____	f. $50,000 to $59,999	____
b. $10,000 to $19,999	____	g. $60,000 to $69,999	____
c. $20,000 to $29,999	____	h. $70,000 to $79,999	____
d. $30,000 to $39,999	____	i. $80,000 to $99,999	____
e. $40,000 to $49,999	____	j. $100,000 and above	____

Appendix C

Intervention Speech

Speech For Informational Session/Intervention

According to the Centers for Medicare and Medicaid Services website, there are six possible payers for nursing home care. These six payers are Medicare, Medicaid, Personal Resources, Managed Care Plans, Medicare Supplemental Insurance, and Long-Term care Insurance.

Medicare coverage in a nursing home is based on certain criteria. Medicare is only a temporary payer. Medicare pays for nursing home care when the individual requires a skilled level of nursing care and/or rehabilitation. In order for Medicare to pay, the nursing home stay must be preceded by a three day qualifying hospital stay and the needed service must be related to something the individual was receiving treatment for in the hospital. The individual must be placed in a Medicare certified bed in a Medicare certified facility. Medicare pays for a possibility of 100 days in a nursing home per benefit period. Medicare continues to pay for as long as the skilled service is required or the 100 days are used up- whichever comes first. The first 20 days Medicare pays 100% of all charges. Days 21-100, Medicare pays all charges except a daily co-insurance amount. This year it is $105.00. Medicare is only a short-term nursing home payment source.

Medicaid is a combined state and federal program available to individuals who do not have the personal resources to pay for nursing home care and can no longer live independently. Medicaid coverage requires being placed in a Medicaid certified facility in a Medicaid certified bed. In order to qualify for Medicaid, an individual must spend down their personal assets to under $1500.00. They must remain under this dollar amount in order to keep their Medicaid coverage. A nursing home resident under Medicaid is allowed to keep $40.00 of their monthly income for personal expenses and must use the rest of their income to help pay for the nursing home expenses. This amount is called a patient liability.

For individuals who need nursing home placement and do not qualify for Medicare and/or Medicaid coverage, they must use their personal resources to pay for nursing home care. This involves using a persons' personal savings and assets to pay for their stay in the nursing home.

Manage Care Plans pay for nursing home care on a short-term basis for reason similar to those of Medicare. The individual must reside in a facility in the insurance companies network. Manage Care organizations have contracts with these facilities that determine whether or not the facility can accept the patients and at what rate they will be reimbursed.

Medicare Supplemental Insurances are usually secondary payers- secondary to Medicare. These policies can aide in paying for nursing home services; however, they only pay when Medicare pays first. They consider the Medicare set co-insurance. They are rarely a primary payer for any type of nursing home care.

Long-Term Care insurance is a private insurance policy available to help pay for long-term nursing home care. The costs of these policies vary a great deal. They are based on the type of coverage- the amount and length of coverage requested by the policy holder. Most polices reimburse for nursing home care at a fixed rate. For example, they may pay $100.00 per day for three years.

I have broken down the six payment sources discussed the most often when speaking about nursing home care. These are the basics of each payer. Many of the specifics about the insurance polices are based on your personal choices or preferences.

Are there any questions?

MLL 02/20/03

Appendix D

Survey Instrument (Posttest)

INSTRUCTIONS: *Please read the questions below and check the answer that most closely pertains to your situation.*

1. What is your sex? (*check one*) _____Male _____ Female

2. In what year were you born? _____

3. What was the last level of education you completed? (*check one*)

   a. Less than high school:_____
   b. High school graduate: _____
   c. Some college: _____
   d. College graduate: _____
   e. Post-graduate: _____
   f. Other (specify): _____

4. Have you or a loved one ever spent time in a nursing home? (*check one*)

   a. Yes: _____
   b. No: _____

5. What is your best estimate of the cost of nursing home care on a daily or monthly basis?

$ _____ Daily Rate $ _____ Monthly Rate

6. Do you have Long Term Care Insurance? *(check one)*

   a. Yes: ____
   b. No: ____

7. What is your yearly pre-tax income? *(check one)*

   a. Less than $10,000 ____
   b. $10,000 to $19,999 ____
   c. $20,000 to $29,999 ____
   d. $30,000 to $39,999 ____
   e. $40,000 to $49,999 ____
   f. $50,000 to $59,999 ____
   g. $60,000 to $69,999 ____
   h. $70,000 to $79,999 ____
   i. $80,000 to $99,999 ____
   j. $100,000 and above ____

Appendix E

Nursing Home Payment Sources Brochure

Important Resources

Area Agency on Aging

(330) 746-2938

www.distxiaaoa.com

Ohio Department of Aging

1-614-466-5500

www.goldenbuckeye.com

Ohio's Long-Term Care Consumer Guide

www.ltcohio.org

Ohio Department of Health

Www.odh.state.oh.us

1-614-466-3543

Medicare & You Handbook-published yearly by CMS

Available at the Medicare Web Site:

www.Medicare.gov

Trumbull County Office of Elderly Affairs

(330) 675-2486

www.neoseniorlink.org/tcoea

Trumbull County Dept. of Job & Family Services

(330) 675-2000

www.hs.co.trumbull.oh.us

Nursing Home Payment Sources

The basics on who pays for nursing home care

Appendix F

Consent Form

Consent Form

Dear Sir or Madam:

I am conducting a study to test the knowledge of older adults within Trumbull County, Ohio regarding nursing home payment sources.

In this study you will be asked to fill out a survey, listen to a brief informational session about nursing home payment sources and fill out the survey once again to help me determine if the information I shared was valuable to you in answering the survey questions.

Your participation will take no longer than 30-45 minutes.

There are no risks involved in participating in this study.

All information will be handled in an anonymous manner, so that no one will be able to identify you when the results are recorded/reported.

Your participation in this survey is completely voluntary and you may withdraw at any time without negative consequences. If you wish to withdraw at any time during this study simply leave your survey uncompleted to be collected with the others. You may stay for the presentation or leave; it is your preference.

Please feel free to contact my Advisor, Dr. Carol Mikanowicz, at 330-941-3658 if you have any questions about the study.

I understand the survey described above and have been given a copy of the description as outlined above. I agree to participate.

_____ _____

Signature Date

MLL 02/03