SESSION 6245 (SYMPOSIUM)

STEPPING INTO THE BREACH OF FEDERAL INACTION: REFORMING THE FINANCING OF LONG-TERM SERVICES AND SUPPORTS
Chair: Marc Cohen
Co-Chair: Edward Miller
Discussant: Judith Feder

The growing need for long-term services and supports (LTSS) poses significant challenges to both individuals and government. For the current cohort of adults aged 65 years and over, it is estimated that the total cost of LTSS (including the value of care provided by family members) will exceed $6.3 trillion. These staggering national costs are driven by the large and rapidly growing number of individuals in need, their longer life expectancies, significant caregiver shortages, and the high costs of care. Neither private health insurance nor Medicaid cover these expenses; Medicaid serves as a safety net for individuals once they have impoverished themselves. With limited to no retirement savings, most older adults cannot cover this liability. Moreover, few people have private long-term care insurance to cover this risk and the private market for such insurance is troubled. Thus, the ability to pay for LTSS is sharply bifurcated: people must be either be rich enough to pay out-of-pocket, or poor enough to qualify for Medicaid. However, even Medicaid-eligible individuals may not be able access needed care due to the waiting lists common in Medicaid. The purpose of this symposium is to document the continuing failure to tackle this problem by the federal government, and to review state and national proposals and initiatives aimed at filling the void left by federal inaction. Marc Cohen and Edward Miller will serve as presenters and chair and co-chair, respectively; Eileen Tell will also present; Judy Feder will serve as the discussant.

FINANCING LONG-TERM SERVICES AND SUPPORTS: OPPORTUNITIES FOR OVERCOMING HISTORICAL ROADBLOCKS TO REFORM
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This presentation documents the continuing failure to tackle the problem of financing long-term services and supports (LTSS)—a failure most recently seen in the only national legislation ever enacted to comprehensively address LTSS costs: the Community Living Assistance Services and Supports (CLASS) Act. The CLASS Act was included in the Affordable Care Act, but was repealed in 2013. Subsequently, policy experts and some Democrats have made proposals for addressing the LTSS financing crisis. Moreover, significant government action is taking place at the state level, both to relieve financial and emotional burdens on LTSS recipients and their families and to ease pressure on state budgets. Lessons from these initiatives could serve as opportunities for learning how to overcome roadblocks to successful policy development, adoption, and implementation across states and for traversing the policy and political tradeoffs should a policy window open once again for addressing the problem of LTSS financing nationally.

LEARNING FROM NEW STATE INITIATIVES IN FINANCING LONG-TERM SERVICES AND SUPPORTS
Marc Cohen, Eileen Tell, and Bonnie Albright, 1. University of Massachusetts Boston, Boston, Massachusetts, United States

A number of states are taking concrete action on long-term services and supports (LTSS) financing which provides an opportunity to learn about the reasons why they are doing so, to identify the coalitions that have come together in support of such actions, and to understand factors associated with the choice of particular strategies and approaches. The purpose of the presentation is to report on a comparative qualitative study across six leading-edge states—Washington State, Hawaii, Maine, Minnesota, California, and Michigan—in order to describe their activities and identify and analyze commonalities and differences in their specific approaches and programs. An overarching goal is to help state officials, consumer advocates, and interested LTSS providers understand the strategies and approaches that other states—who may be further along in their development—are taking in this area so that they might have insights into strategies that might be a fit for their state.

INTEGRATION AND IMPLEMENTATION CHALLENGES OF STATE-BASED LONG-TERM SERVICES AND SUPPORTS FINANCING PROGRAMS
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Several states are in the process of developing or implementing programs that use a social insurance approach to financing long-term services and supports (LTSS). The National Academy of Social Insurance developed a roadmap that highlights key design parameters for states to consider in crafting a program. It also outlines a range of vetted approaches states could adopt, and describes the building blocks and tradeoffs associated with a range of options. States that establish a new LTSS program will need to make decisions about the integration of the program with other payers and benefit programs as well as address concrete implementation challenges. This presentation summarizes these issues including coordination of benefits with other payers, Federal Medicaid funding issues, integration of LTSS and medical care, and challenges around program startup, administration and monitoring as well as evaluation and modification. Addressing such issues is critical to the success of these type of programs.

SESSION 6250 (SYMPOSIUM)

THE 2019 NATIONAL NURSING HOME SOCIAL SERVICES DIRECTORS STUDY
Chair: Mercedes Bern-Klug
Discussant: Robin Bonifas

Psychosocial and emotional needs of nursing home (NH) residents can take the back seat to physical needs in NHs that do not employ staff with the appropriate educational and experience level to anticipate, identify and address these important issues. When present, professional licensed social workers can enhance the NH’s ability to address psychosocial issues. However, federal guidelines do not require licensed social workers in NHs, nor does it collect data that
would reveal the extent to which licensed social workers are present. With financial support from the RRF Foundation for Aging the NNHSSD Study was undertaken in 2019 to build understanding of departmental staffing characteristics and involvement of the department in key activities and processes. The 924 respondents from around the country also answered questions about training needs, barriers to addressing resident needs, compensation, and job satisfaction. Findings reveal that about half of the nation’s NH social services directors have earned a bachelor’s or master’s degree in social work, and about half are licensed (although not all degreeed social workers are licensed and not all licensed social workers have earned a social work degree). Half of all social services departments employ only one staff member, one-third have two staff members, and 9% have three staff. About 90% report enjoying their job, with over half reporting they are thriving (not just surviving) in their job. Respondents provided feedback that can be used to strengthen the role of the department and its ability to identity and address resident psychosocial needs.

FIRST NATIONAL DATA REPORTING NURSING HOME SOCIAL SERVICES DIRECTORS’ TRAINING INTERESTS AND NEEDS
Mercedes Bern-Klug, and Elizabeth Cordes, University of Iowa, Iowa City, Iowa, United States

A national sample of 924 social services directors reported training needs in three ways. First, their level of interest in 14 topics, second by how much preparation time needed to provide one-on-one training to a colleague about 27 difference issues/tasks (no time needed, up to 2 hours, up to 10 hours, not able to do), and third, by indicating their top training priority. At least 2/3s reported interest in each of the 14 topics with 86% interested in common mental health and psychosocial challenges, and 86% in the psychosocial needs of persons with dementia. Education, social work licensure, and characteristics of the nursing home explained some of the variation, e.g. respondents with a social work degree reported higher interest in more training in trauma-informed care and culturally competent care. Dementia was by far the highest training priority, followed by better understanding of regulations, behavioral health issues, and trauma-informed care.

BARRIERS TO MEETING THE SOCIAL AND EMOTIONAL NEEDS OF NURSING HOME RESIDENTS
Amy Restorick Roberts,1 and Mercedes Bern-Klug,2
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Presenters will describe barriers to psychosocial care and identify which factors increase the odds of experiencing a psychosocial care barrier. Reported major barriers include: insufficient number of nurse aide staff (31%), having to do things other people could do (29%), lack of resources to provide residents with opportunities to leave the nursing home on outings (25%), pressure to admit and discharge post/sub-acute patients takes time away from attending to the social and emotional needs of long stay residents (23%), and not enough social service staff for the number of residents (21%). With data from the 2019 National Nursing Home Social Services Directors Survey, a series of logistic regressions found that significant predictors varied by specific barrier, although devoting more time to short-term residents predicted a greater likelihood of reporting a major barrier in four of the five outcomes. Strategies to address these structural and contextual factors will be discussed.

SOCIAL WORK TRAINING AND READINESS FOR TRAUMA-INFORMED CARE IN NURSING HOMES
Nancy Kusmaul,1 and Todd Becker;2 1. UMBC, Baltimore, Maryland, United States, 2. University of Maryland, Baltimore, Baltimore, Maryland, United States

Most adults have experienced traumatic events (SAMHSA, 2017). Late-life traumas may compound upon trauma histories (Maschi, et al., 2013), accentuating the risks confronting older adults. Per CMS’ updated Requirements for Participation, nursing homes (NHs) must implement trauma-informed care (TIC) approaches, effective November 2019. Many NHs do not staff Masters of Social Work (MSWs), despite their expertise in providing mental health care. Notwithstanding, employed MSWs feel unprepared to help their NHs implement TIC. This presentation discusses findings from a national survey of NH social service directors (N = 932). Results showed 71% (n = 650) reported moderate to strong interest in TIC training. A Kruskal-Wallis H test revealed a statistically significant difference in TIC training interest [χ2(1) = 43.690, p < .001], such that MSWs reported higher interest (M = 486.47) than non-MSWs (M = 375.23). There was no difference between those with and without a Bachelor of Social Work.

THE CONNECTION OF SOCIAL SERVICES TO CARE TRANSITIONS AND DISCHARGE PLANNING IN NURSING HOME SETTINGS
Colleen Galambos, Laura Rollin, and Eric Engelbart, University of Wisconsin Milwaukee Helen Bader School of Social Welfare, Milwaukee, Wisconsin, United States

Care transitions are critical junctures in the healthcare delivery process. Effective transitions and discharge planning reduce the need for subsequent transfers between healthcare settings (Boutwell et al., 2015). Understanding social services (SS) involvement in these processes is important due to its key role in their success (Fabbre et al., 2011). Facility characteristics from 924 nursing homes were evaluated in relation to SS involvement in care transitions and discharge planning. Chi-square tests indicate associations between SS involvement and level of engagement of SS expertise by the nursing home administrator (p=.004), medical director (p=.002), nursing staff (p=.003), community physicians (p=.049), and family members (p<.001). An association between SS involvement and freestanding SS departments was also observed. Results suggest the level of SS involvement in care transitions and discharge planning relates to structural (i.e. SS positioning within the facility) and relational (i.e. perceptions and utilization of SS designees by key facility leadership) factors.

SESSION 6255 (SYMPOSIUM)

THE AGING ENTERPRISE: A 40-YEAR RETROSPECTIVE
Chair: Larry Polivka
Discussant: Carroll Estes

Dr. Carroll Estes has long been recognized as one of our most influential social gerontologists beginning with the