Foundation *for* Healthy Communities

The Impact of Guardianship and Medicaid Barriers to Discharge on Patients in New Hampshire Hospitals

December 2022

It is the goal of New Hampshire hospitals to ensure that all patients receive the right care in the right place at the right time but discharging patients from the hospital is often a complicated process. Each patient presents with unique medical, financial, and social circumstances that must be considered when creating a safe discharge plan. Frequently, it is non-clinical needs that create barriers to discharge resulting in patients remaining in acute care hospital beds rather than a more appropriate setting such as a skilled nursing facility, acute rehabilitation program, or their own home. Lengthy, non-medically necessary stays in acute care hospitals impact not only the patients who cannot leave the hospital but also patients whose care may be delayed due to lack of inpatient bed availability. Understanding these non-clinical barriers to discharge aids in addressing these issues to help reduce the number of patients impacted and the number of unnecessary hospital days spent in acute care.

To help shed light on systemic issues, the Foundation for Healthy Communities (FHC) reported on a wide-range of barriers to discharge in 2015, 2016, 2017, 2020, and a one-day snapshot in 2021. Each year, guardianship and Medicaid related barriers contributed to reported delays, but after receiving feedback from hospitals that these two barriers have been exacerbated during the COVID-19 pandemic, it was decided to narrow the focus of the 2022 survey.

This document summarizes New Hampshire's hospital data relating to the number of patients awaiting post-acute care discharge while experiencing a barrier related to guardianship and/or Medicaid[1] and the resulting impact on patients. The data is derived from a survey of case management directors in acute care and rehabilitation hospitals. It is intended to inform policy development and ongoing efforts to address these care challenges

Methodology

All acute care and rehabilitation hospitals in New Hampshire were invited to participate in this data collection effort, and ultimately data was submitted by 23 hospitals (22 acute care and 1 rehab). A list of the participating hospitals is in Appendix A. Hospital case managers tracked the following metrics on an Excel file for all patients in an inpatient setting experiencing a guardianship or Medicaid related barrier between August 1 – September 30, 2022:

- Age range
- Primary insurance type
- Primary residence (in-state or out-of-state)

[1] The categories of guardianship and Medicaid are both broad and nuanced. These terms are defined expansively in order to ensure that the report captured the many different ways patients are impacted by these functions.

- If the patient was still awaiting discharge
- Total number of days beyond discharge clearance the patient had been in the hospital

In addition to this demographic information, hospitals filled out a corresponding SurveyMonkey for each patient which allowed them to select among 30 different barrier types (8 Medicaid, 7 Guardian, 15 other) that the patient experienced.[2] Hospitals chose *all* barriers that applied to the particular patient and provided comments with further details as appropriate. The Excel and SurveyMonkey data were merged using unique hospital/patient number combinations. Two hospitals were unable to provide the corresponding demographic information for their patient data. These patients will be shown as "NA" within findings, tables, and graphs that include data from the excel file tool.[3]

Description of Chosen Barriers to Discharge

Guardianship

Guardianship is a legal process utilized when a person can no longer make or communicate safe or sound decisions for themselves, manage their financial matters, or provide for basic needs of food, shelter, clothing, health care, and/or safety. Obtaining guardianship is a lengthy process and requires a court order appointing an individual or entity to serve as the guardian.

Far too often, patients sitting in a hospital bed can no longer make decisions for themselves. In those instances, hospital staff work with the patient's family, or when no family or friends are willing or able to assist, hospitals themselves apply to the Probate Court on behalf of the patient to request that the court appoint a guardian for the patient.

Only once a guardian has been appointed for the patient can the process of applying for benefits, such as Medicaid or a bed in a nursing facility begin. Appointing a guardian to stand in the shoes of a patient is a significant step - one that understandably takes time and must be done with due care. However, each day that goes by until the guardian is in place is a day the patient is sitting unnecessarily in an acute care bed.

Long Term Care Medicaid

Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Among many other services, Medicaid provides long-term services and supports (LTSS) for eligible beneficiaries in the community and in facilities such as skilled nursing facilities. For a Medicaid beneficiary to receive coverage for nursing facility level of care, he/she must meet financial and medical qualifying criteria. The eligibility determination for LTSS is distinct from the Medicaid eligibility determination for health insurance coverage and requires a separate application and approval process.[4]

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[2] During the analysis phase, it was noted that many hospitals entered comments related to patient or family delay in providing documentation for the Medicaid application. This was separated as its own barrier making the final number of barriers 31 not 30.

[3] Summary of demographic information can be found in Appendix B

[4] If an individual meets the medical criteria to be eligible for nursing facility level of care but would rather remain in the community, Medicaid pays for a wide range of services to support the beneficiary's decision to live in the community rather than a nursing facility.

This application process requires the submission of extensive financial and medical documentation and can take a significant amount of time. Hospital staff work with a patient and/or the patient's family to assist in the process of applying for LTSS Medicaid benefits such as helping the family communicate with the Medicaid case worker or assisting the family in finding, copying, and submitting financial information. In the instances when family is nonexistent or unable/unwilling to assist, it falls on hospital staff to gather the financial and medical documentation on behalf of the patient.

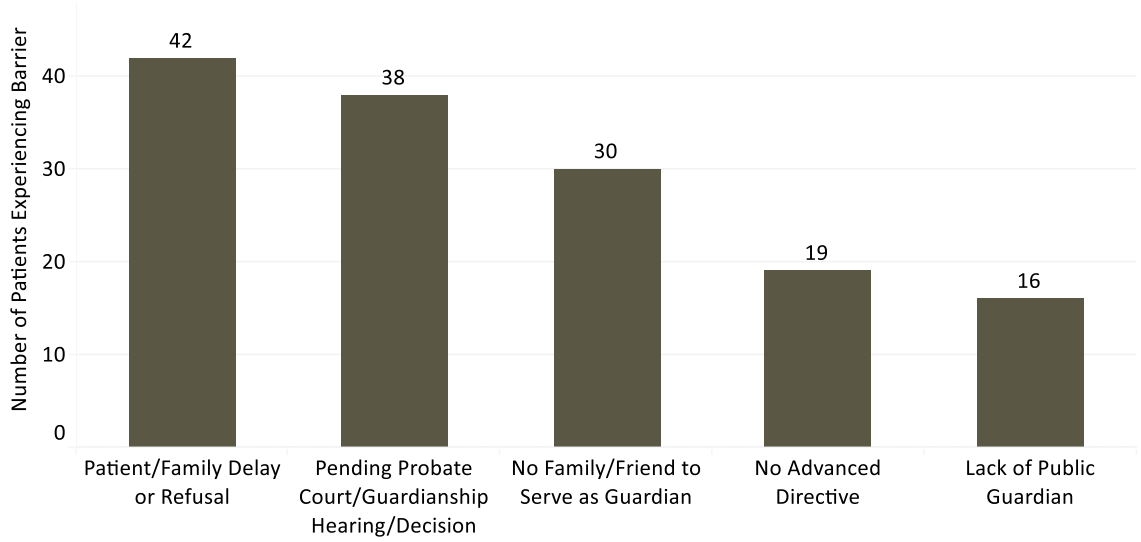
Barriers to Discharge Impact on Patients

Between August 1 – September 30, 2022, among the 23 participating hospitals, a total of 231 patients experienced barriers related to guardianship and/or Medicaid issues which led to delayed discharge.

Guardianship Barriers

40% (93) of reported patients experienced at least one guardianship related barrier with 43 patients experiencing multiple barriers in this category. Patient or Family Delay or Refusal was the most frequently reported barrier (42 patients) followed by Pending Probate Court/Guardianship/Hearing/Decision (38). The top five guardianship barriers shown in Figure 1 demonstrate that guardianship issues are a complex weaving of personal and official responsibilities in this process to ensure patients have a reliable and appropriate legal guardian.

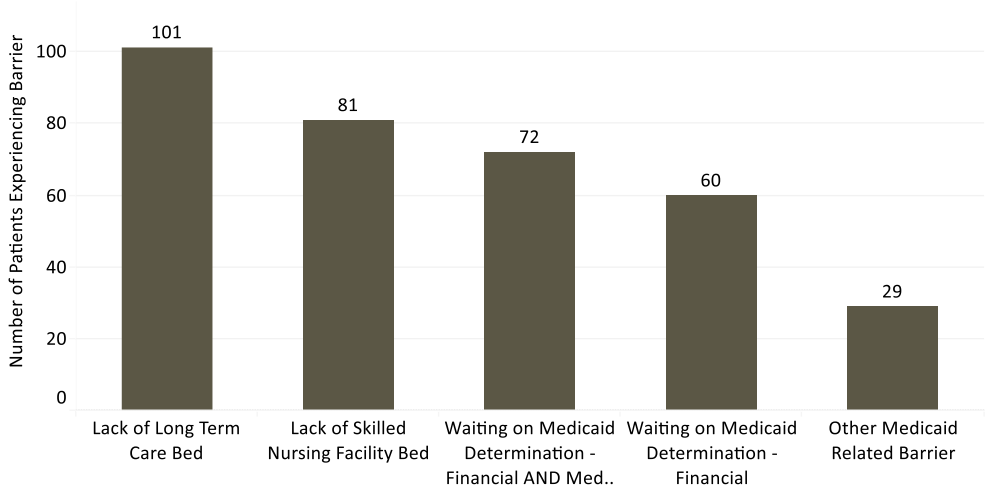
Figure 1 - Top 5 Guardianship Related Barriers



Medicaid Barriers

97% (223) of reported patients experienced a Medicaid barrier at some point during their acute-care stay with 107 patients experiencing multiple Medicaid barriers. The two most common types of Medicaid barriers included Lack of Long Term Care Bed (101 patients) and Lack of Skilled Nursing Facility Bed (81 patients) meaning that the hospital could not find a facility for the patient to be transferred. The five most common Medicaid barriers are shown in Figure 2.

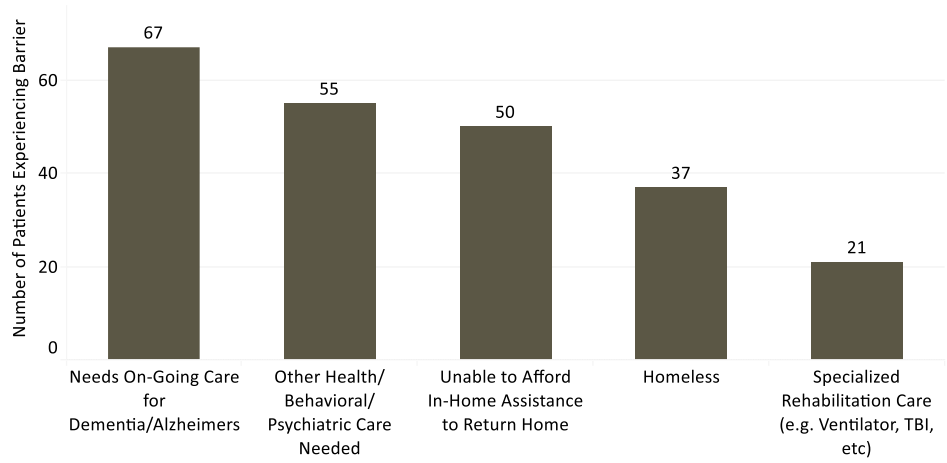
Figure 2 - Top 5 Medicaid Related Barriers



Additional "Other" Barriers

Of note, 71% (165) of these patients experienced at least one additional barrier reported beyond guardianship and/or Medicaid. The most commonly cited included "Needs On-Going Care for Dementia/Alzheimer's (67) and "Other Health/Behavioral/Psychiatric Care Needed". The top 5 Other Barriers shown in Figure 3 illustrate the added complexity that mental health, specialized care, and lack of financial resources can make on a safe discharge plan.

Figure 3 - Top 5 Other Barriers



Lengthy Processes Create Patient Discharge Delays

Systemic Issues

The process of guardianship or LTSS Medicaid applications can be very lengthy, especially if both are required as the guardianship process must be complete before the Medicaid application can even begin. The current systems are often not efficient or timely in responding to requests and applications as demonstrated by hospital comments.[5]

> "It took two months to get [a guardianship] hearing date, and there were three weeks from the hearing to appointment"
>
> "Guardianship secured on 8/23, but we still do not have formal paperwork from the court as of 9/15/22."
>
> "We have to obtain a guardian for [the patient] and then apply for Medicaid - a 90 day process."
>
> "[Medicaid] application submitted 6/2022. All documents are uploaded. As of 9/20/22, nothing had been approved or processed. After escalation, received word 9/21/22 they would start review."

Patient and Family Delays

It must also be acknowledged that many of the delays noted in the survey for both guardianship and Medicaid barriers were connected to patient and/or family delays in providing the necessary documentation to complete applications. Hospital staff must work together with overwhelmed or unwilling patients and families to ensure that these processes can move forward, and Medicaid and court employees are restrained by the promptness (or lack thereof) of these submissions. Whether delays are due to the official systems, family, or a combination, the result is often patients staying in acute care settings longer than medically necessary.

Lack of Beds in the Community

Once the hurdles of guardianship and/or LTSS Medicaid are crossed, it can be difficult to place a patient due to lack of beds in the community at assisted living facilities, long term care sites, or skilled nursing facilities. Non-acute care facilities can be selective in which patients they take making patients with low-reimbursing Medicaid, behavioral issues, and/or specialized care needs much harder to place. This task also falls on hospital staff to find a facility willing to take a patient.

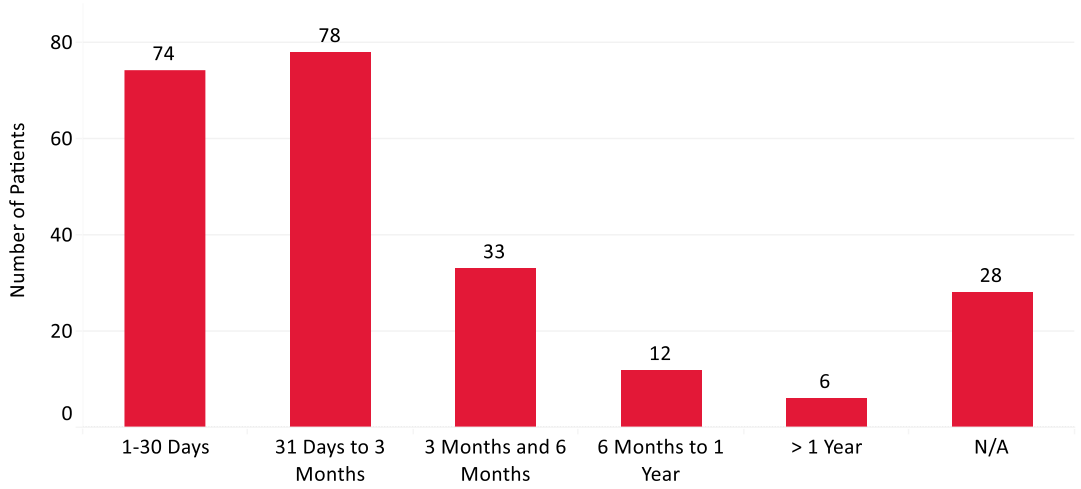
> "Made over 400 referrals to LTC beds without success."
>
> "61 referrals out to LTC – no beds."
>
> "Patient needed SNF but receives dialysis 3 times per week in the community, and we could not find a facility to take the patient because of the transportation to dialysis."
>
> "Many denials due to physical needs."
>
> "Patient would have benefit from SNF, but no bed offers due to homelessness."

[5] Comments are edited for grammar/punctuation.

Unnecessary Days Spent in Hospital

As of 9/30/2022, the 231 patients experienced a total of 15,799[6] unnecessary days[7] in an inpatient setting. This includes 47 patients in the hospital 100+ days and 6 patients in the hospital longer than *a full year* after medical clearance for discharge. On average, patients spent 68 days in the hospital beyond medical clearance for discharge. This average dropped to 51 days for those patients no longer awaiting discharge at the time of reporting, but for those patients still in the hospital as of 9/30/22, the average increased to 103 days. Figure 4 shows the distribution of patients across day ranges.

Figure 4 - Number of Patients by Medically Unnecesary Patient Days



Comparison to Pre-Pandemic Barriers

Hospitals reported that guardianship and Medicaid issues had been exacerbated since the start of the COVID-19 pandemic and the changes between the 2020 report (data collected in 2019) and current report support this assertion. Figure 5 displays the change in average and median days in the hospital beyond medical clearance for selected barrier types between the two time periods. These numbers validate the hospital experiences and speak to the need to fix systemic issues to stop the growth of these acute care stays.

Figure 5 - Comparison of Days Spent in Hospital Beyond Medical Clearance for Discharge

Barrier Type	Day Measure	2019	2022	% Change
Guardianship	Average	42	92	119%
	Median	20	63	215%
Medicaid Determination	Average	37	76	105%
	Median	26	57	119%
Lack of Bed Availability	Average	17	62	265%
	Median	4	42	950%

[6] Note that this patient day count is underrepresented as FHC did not receive this data for 12% of patients

[7] A patient day is defined as the number of patient beds occupied for one day. The term is used to calculate the number of inpatient days, which is the number of days that a patients stay in the hospital.

Health and Quality of Life Impacts

Remaining in this inappropriate care setting can have real, negative impacts on health and quality of life for patients. For example, those ready for a long-term care setting require socialization and activities for physical and mental wellbeing. Long-term care facilities such as nursing homes provide this care, but hospital staff focused on acute care needs cannot. Likewise, patients requiring skilled nursing or rehabilitation services need therapies to continue their recovery, and the appropriate level/intensity is often not available in the acute care setting. Delays in care can cause physical and cognitive deterioration and result in a longer stay at the next facility. Timely transitions to appropriate care help avoid these negative consequences.

Access to Care

A patient remaining in an acute care setting beyond medical clearance has a ripple effect beyond the patient alone. When a hospital bed is occupied by a patient waiting for discharge, it precludes access for a patient needing hospital-level care. This can result in individuals delaying care or seeking care further from home or even in another state.

Emergency Departments (EDs) are also impacted by these delays. At any given moment, there are patients being treated in an emergency room waiting to be moved to an inpatient bed. Although it is not known how many unique patients were impacted during the two-month reporting period, the 23 hospitals reported a daily average of 81 patients in EDs waiting for inpatient beds to become available. While this is occurring, patients seeking emergency care cannot access an ED bed which can result in delays in treatment. During this same reporting period, the average inpatient occupancy rate including these ED holds was 93.3%.[8] Freeing up inpatient beds for those patients truly in need of acute level care will help ensure more efficient and timely care for all patients seeking treatment at hospitals in New Hampshire.

Financial Impact to Hospitals

While the focus of this report is the impact on patients, it is essential to acknowledge the financial losses hospitals sustain when unable to safely discharge patients to a more appropriate care setting. On average, the cost of providing care for an inpatient day in New Hampshire is $3,247[9]. After a patient is medically cleared for discharge, hospitals receive little to no reimbursement for the cost of this care. In this two-month time period, there were 15,799 medically unnecessary patient days reported which translates to an estimated $51 million in unreimbursed acute care costs for hospitals.

Conclusion

It is clear that guardianship and Medicaid barriers to discharge are negatively impacting patients in many ways. This report is a call to action for those who can affect change to focus efforts and develop policies to break down these barriers and improve health care for everyone seeking care within New Hampshire.

[8] Hospital census and ED data reported daily to Juvare. ED boarding numbers do not include psychiatric holds as these patients waiting to transfer to an inpatient psychiatric facility.
[9] Source: Kaiser Family Foundation

Appendix A – List of Participating Hospitals

Alice Peck Day Memorial Hospital

Androscoggin Valley Hospital

Catholic Medical Center

Cheshire Medical Center

Concord Hospital

Concord Hospital – Franklin

Concord Hospital - Laconia

Cottage Hospital

Elliot Hospital

Frisbie Memorial Hospital

Huggins Hospital

Littleton Regional Hospital

Mary Hitchcock Memorial Hospital

Memorial Hospital

Northeast Rehab Hospital

Parkland Medical Center

Portsmouth Regional Hospital

Southern NH Medical Center

St. Joseph Hospital

Upper CT Valley Hospital

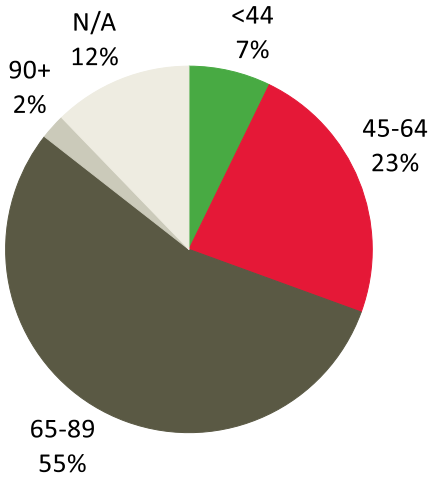
Valley Regional Hospital

Weeks Medical Center

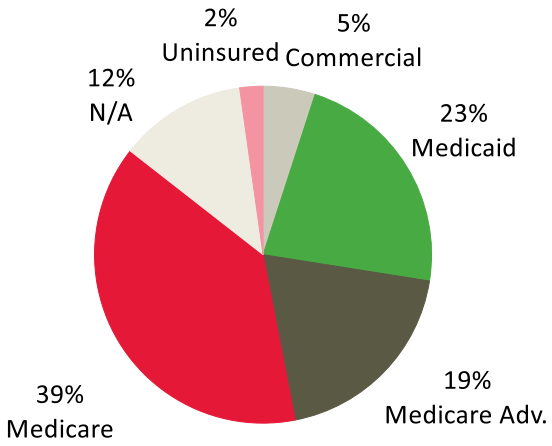
Wentworth-Douglass Hospital

Appendix B – Demographic Summary of Patient Population

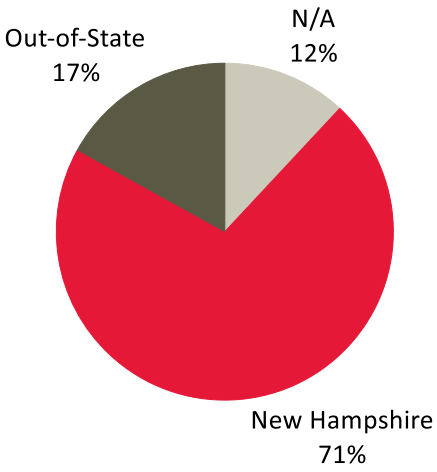
Age Group



Primary Insurance



Primary Residence



Appendix C – Count of all Barrier Categories

Barrier Category	Barrier	Count
Guardianship	Patient/Family Delay or Refusal	42
	Pending Probate Court/Guardianship Hearing/Decision	38
	No Family/Friend to Serve as Guardian	30
	No Advanced Directive	19
	Lack of Public Guardian	16
	Patient abandonment	13
	Other	9
Medicaid	Lack of Long-Term Care Bed	101
	Lack of Skilled Nursing Facility Bed	81
	Waiting on Medicaid Determination - Financial AND Medical	72
	Waiting on Medicaid Determination - Financial	60
	Other Medicaid Related Barrier	29
	Lack of assisted living facility bed	17
	Delay in info by pt/family	10
	DD waiver in place - lack of disposition	9
	Waiting on Medicaid determination - medical	3
Other	Needs On-Going Care for Dementia/Alzheimer's	67
	Other Health/Behavioral/Psychiatric Care Needed	55
	Unable to Afford In-Home Assistance to Return Home	50
	Homeless	37
	Other	21
	Specialized Rehabilitation Care (e.g. Ventilator, TBI, etc)	21
	Lack of transportation for post discharge follow-up care	8
	No insurance	7
	History of IV drug use	6
	Under-insured (copays unaffordable)	6
	Felon/criminal history	3
	Cost of medications	2
	Patient does not meet Medicare 3-day inpatient stay requirement	1
	Requires long-term IV drugs	1