This series of Issue Briefs has been developed to inform nursing facilities, researchers, policy makers, and other interested parties about the information available from the Nursing Facility Registry.

STATE OF CONNECTICUT
NURSING FACILITY REGISTRY
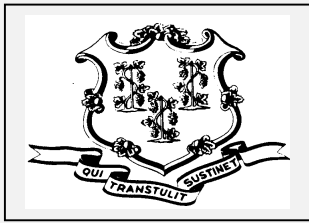
Issue Brief

The Aging of Connecticut

The aging of the population is an important demographic trend in the State of Connecticut. While the State's total population is projected to increase by only 9 percent from 1995 to 2020, the segment of the population aged 65 and older will increase by 35 percent and the 85 and older age group by 79 percent.[1]

As the population ages, the prevalence of chronic health conditions that predominantly affect the elderly will increase. For example, the prevalence of diabetes is greatest for people aged 65 and older.

These statistics are significant because the elderly are major consumers of health services, particularly costly long-term care. Long-term care costs have led to a financial strain on both federal and state governments.
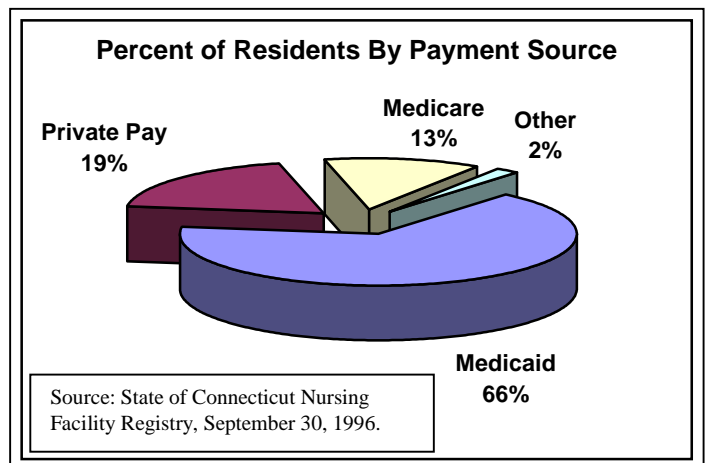
The aging of the population, the corresponding increase in the prevalence of chronic health conditions, and the financial strain on government place considerable importance on data to support long-term care planning. One valuable data resource for policy makers is the State of Connecticut Nursing Facility Registry.

[1] Source: State of Connecticut, OPM Population Projections, Series 95.1, 1995.

Facility Characteristics

"Nursing facility" refers to a facility in Connecticut licensed by the Department of Public Health as either a Chronic and Convalescent Nursing Home (CCNH) or Rest Home with Nursing Supervision (RHNS). These license designations correspond to the former federal certification categories of Skilled Nursing Facility (SNF) and Intermediate Care Facility (ICF), respectively. Residential Care Homes are not included in the Registry.

Percent of Residents By Payment Source

Private Pay 19%
Medicare 13%
Other 2%
Medicaid 66%

Source: State of Connecticut Nursing Facility Registry, September 30, 1996.

Who Paid the Bill?

The primary payer for the majority of nursing facility residents, on September 30, 1996, was Connecticut's Medicaid program (65.7%), followed by the residents themselves, which is referred to as private pay (18.8%) and Medicare (12.7%). Other payment sources included out-of-state Medicaid (1.4%) and private insurance (0.6%). *Note these percentages are based upon the number of residents, not the cost of their care.*

There were 30,592 residents in 332 Connecticut nursing facilities (each license is counted separately), on September 30, 1996. Ninety percent of the residents were in 251 CCNH's; the remaining 10 percent were in 81 RHNS's. There were 31,750 licensed beds -- 28,563 CCNH beds and 3,187 RHNS beds, with an average occupancy rate of 95.2 percent.

Admissions, Readmissions & Discharges

Almost three quarters of admissions and readmissions (72.7%) were from a general hospital, while the majority of discharges (excluding those remaining in a nursing facility) were either to home or a general hospital (35.4% and 35.9%, respectively). (See Table 1.)

Table 1 – Admissions, Readmissions and Discharges
As of September 30, 1996

	Admission & Readmission Source		Discharge Destination	
	Number	Percent	Number	Percent
Died	N/A	N/A	8,589	18.5
Home	9,279	12.1	16,422	35.4
General hospital	55,911	72.7	16,636	35.9
Mental hospital	861	1.1	242	0.5
Veterans' hospital	523	0.7	189	0.4
Chronic disease hospital	455	0.6	227	0.5
Chronic & Convalescent Nursing Home	5,527	7.2	2,735	5.9
Rest Home with Nursing Supervision	3,113	4.0	706	1.5
Residential Care Home	653	0.8	272	0.6
Other & Not Reported	606	0.8	318	0.7
Total	76,928	100.0	☆46,336	100.0

☆Excludes 30,592 residents who were still in residence.
Source: State of Connecticut Nursing Facility Registry.

What is the State of Connecticut Nursing Facility Registry?

History

The Registry is a longitudinal database including demographic and health data for all Connecticut nursing facility resident stays since October 1, 1977. State of Connecticut Regulations require all nursing facility administrators to submit an annual resident roster (a chronological list of residents in a facility between October 1 of one year and September 30 of the next year) by October 31. Staff in the Policy Development and Planning Division of the Office of Policy and Management merges the annual roster data into the Registry.

Uses and Users

The Registry is used primarily by the Office of Policy and Management to:

- Examine Medicaid spend down patterns
- Track the role private insurance is playing in financing long term care
- Analyze nursing facility resident demographics

The Registry is also used by:

- The Connecticut Department of Social Services to study utilization, and to investigate the relationship between long term care expenditures and residents' functional status
- The Connecticut Department of Public Health for health planning and policy development
- Nursing facilities to compare their facility and resident characteristics with industry statistics
- Research organizations such as Yale University's Department on Aging

For more information?

Please contact:
Linda Burns, Associate Research Analyst
Connecticut Office of Policy and Management
450 Capitol Avenue, MS #52LTC
Hartford, CT 06106-1308
Voice: (860) 418-6346 ♦ FAX: (860) 418-6495
E-mail: linda.burns@po.state.ct.us

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