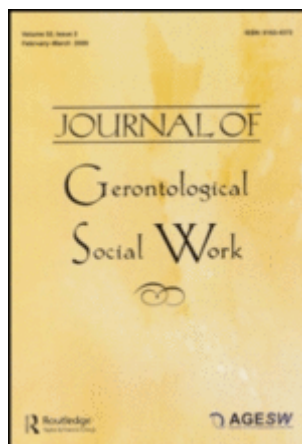


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About One-Third of Nursing Home Social Services Directors have Earned a Social Work Degree and License

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Manuscript Type:	Research manuscript
Keywords:	Skilled nursing homes, institutional care, Social work education, Health care policy, Health care workforce
Abstract:	<p>Nursing home (NH) residents have high psychosocial needs related to illness, disability, and changing life circumstances. The staff member with the most expertise in addressing psychosocial needs is the social worker. However, federal regulations indicate that only NHs with 120+ beds need hire a social services staff member and that a "qualified social worker" need not have a social work degree. Therefore, two-thirds of certified NHs are not required to employ a social services staff member and none are required to hire a degreed social worker. This is in stark contrast to NASW professional standards. Reporting findings from a nationally representative sample of 924 social services directors, we describe the NH social services workforce and document that most NHs do hire social services staff, although 42% of social services directors are not social work educated. 37% of NHs have a degreed and licensed social worker at the helm of social services. The odds for hiring a degreed and licensed social worker are higher for larger NHs, especially if not-for-profit, and not part of a chain. NH residents deserve psychosocial care planned by staff with such expertise. Quality of psychosocial care impacts quality of life.</p>

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About a Third of Nursing Home Social Services Directors Have Earned a Social Work Degree and License.

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About a Third of Nursing Home Social Services Directors Have Earned a Social Work Degree and License

Nursing home residents have serious health concerns. The federal government reports that about half of residents are living with dementia, 26% with arthritis, 46% with depression, 38% heart disease, 32% with diabetes, and 71% with hypertension (Harris-Kojetin, Sengupta, Lendon, Rome, Valverde, and Caffrey, 2019, p.22). Many residents are dealing with grief and loss (Drageset, et al, 2015). Some residents, including some with dementia, have behaviors that are troublesome to other residents (e.g., kicking, biting, yelling) that can sometimes be effectively addressed using nonpharmacological approaches (Bonifas, 2016), if trained staff are available. This constellation of needs is ripe for the development or exacerbation of psychosocial needs among nursing home residents. The skills to identify and address these psychosocial needs are in the social work wheelhouse. Despite the widespread recognition of the prevalence of psychosocial issues there has been little national attention on the staff member most prepared to anticipate and address resident psychosocial issues, the social worker. While all staff are responsible for identifying these concerns and the interdisciplinary team should be developing care plans to address psychosocial issues, psychosocial issues are a central aspect of the social work role.

Nursing home social services departments (which may include professional social workers who hold a social work degree and license and/or para-professional social services staff) identify and address resident emotional and psychosocial needs and provide support to residents' family members (however the resident defines family). They not only assist with transitions to, within, and from nursing homes, they also support residents and families in coping with interpersonal challenges and making health-related decisions. In so doing, social services staff

contribute in fundamental ways to day-to-day nursing home operations, including assisting in maintaining the daily census. Nursing home social services staff members are typically charged with ensuring staff, residents, and family members understand and honor residents' rights. They respond to resident and family grievances and build on their strengths. These important tasks and processes directly impact residents' quality of life. Yet, little is known about the characteristics of staff who are employed in nursing home social services departments. In this paper we refer to the department as social services and to the employee as either a social services staff member or if the employee has an undergraduate or graduate degree in social work, as a social worker.

The purpose of this article is to report characteristics of the social services department with special attention paid to the characteristics of the director of social services; compare these characteristics with data collected in 2006; and identify characteristics of nursing homes most likely to employ a degreed (baccalaureate or master's degree in social work) and licensed social worker as the director of social services.

Background

This section describes qualification expectations for nursing home social services staff held by government and the social work profession. After describing state licensure of social workers in general, we compare and contrast two definitions of qualified social workers in the nursing home context, the National Association of Social Workers' (NASW) definition and that of the federal government, and then conclude by speaking to the variation in state qualifications of social services staff in the context of nursing homes.

State Licensure of Social Workers

In the U.S., the licensing of professionals, including social workers, occurs at the state level. The Association of Social Work Boards (ASWB) is a non-profit association that collects

and disseminates social work regulations in the U.S. and Canada. The ASWB website reports that as of July 2020, all 50 states and the District of Columbia license the practice of social work at the master's level (MSW) and most (41) also license at the bachelor's level (BSW) (ASWB, 2018). Data also indicate that most (46) jurisdictions have both social work practice and title protections and that the remaining five have either title or practice protection. "In jurisdictions with title protection and/or practice act protection, only licensed social workers are qualified or permitted to call themselves social workers and practice the profession" (ASWB, 2018).

Although all states and the District of Columbia license the practice of social work and have either title or practice protection, 37 states have exemptions that allow non-social workers to engage in social work practice, in specific circumstances related to the individual (for example being grandfathered into the role), or by setting. Twenty-two states have exemptions that allow nonsocial workers to act as social workers in state government settings, 18 in federal government settings, three states exempt assisted living, and two states (Louisiana and North Dakota) exempt "social work designees" in skilled nursing facilities provided they work under the direction of a licensed social worker (ASWB, 2018). The Florida statute detailing the practice of social work clarifies that title protection does not extend to "employees providing social work services under administrative supervision in long-term care facilities licensed by the Agency for Health Care Administration" (Florida Statutes, 2020, section 491.016). Therefore, despite title protection, in many nursing homes throughout the country, state laws allow exceptions for the title of "social worker" to be used by people who have otherwise not met minimum state requirements.

Professional Standards for Nursing Home Social Workers

As reported in Table 1 professional standards for social work practice in long-term care facilities set by the National Association of Social Workers (NASW), the largest professional social work organization in the U.S., require at a minimum a bachelor’s degree in social work and recommend a social worker with a master’s degree for the position of social services director (NASW, 2003). Nursing homes social workers are expected to meet state requirements for social work practice and to have post-graduate experience in long-term care settings. The NASW qualifications are in significant contrast to those put forth by the Centers for Medicare and Medicaid Services (CMS), the federal agency responsible for nursing home regulations.

Federal Government Rules for Nursing Home Social Workers

CMS requires the nation’s 15,578 nursing homes to comply with federal, state, and local laws in order to obtain and maintain certification in the Medicare and/or Medicaid programs (CFR, §483.70, 2020). Furthermore, the Code of Federal Regulations (CFR) states that the services provided or arranged by the facility for residents, must-

- i. Meet professional standards of quality.
- ii. Be provided by qualified persons in accordance with each residents’ written plan of care.
- iii. Be culturally competent and trauma informed. (CFR, §483.21, 2020)

In addition, the CFR has this requirement of all certified nursing homes: “(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. (2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws” (CFR, §483.70, 2020).

Federal regulations also require that Medicare and/or Medicaid certified nursing homes provide care to help residents remain healthy and maintain function as long as possible. The

requirements for care go beyond physical care to encompass psychosocial care that promotes resident dignity, self-determination, social interaction, and engagement in meaningful activities (CMS, State Operations Manual, 2017). The CFR states, “the facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident” (CFR, §483.40, 2020). The quality of psychosocial care delivered in nursing homes has been linked with both the presence of social service staff and with facility characteristics, “psychosocial care quality was better in facilities where State requirements for qualified social services staffing exceeded federal minimum regulations... For-profit status and higher percentage of Medicaid residents are associated with lower quality. (Zhang, Gammonley, Paek, & Frahm, 2008, p.5). In addition, Roberts, Smith, and Bowblis (2019) report that resident outcomes (including reduction of behavioral symptoms and ability to return home after receiving post-acute care) are associated with higher qualifications of social services staff.

Although all certified nursing homes are required to meet residents’ psychosocial needs, facilities can do so in one of two ways. If a nursing home has 120 or fewer beds, CMS allows the facility to contract with a local agency or individual to provide medically related psychosocial services to residents. If a nursing home has more than 120 beds, it is required to employ one full-time “qualified social worker.” This requirement is problematic on three accounts. First, most (70%) of the nation’s 15,578 certified nursing homes have fewer than 120 beds (see Table 3) consequently this requirement does not apply to them; second, the federal operationalization of “qualified social worker” in a nursing home does not meet professional standards and is at odds with other federal definitions of “qualified social worker” in other Medicare and Medicaid certified settings because it does not require a social work license and a

degree from an accredited social work program; and third, the “120 bed” rule is arbitrary (Bern-Klug, 2018, supplemental materials) and runs counter to evidence from nationally representative samples of nursing home social services directors, a majority of whom reported that one full-time social worker could meet the psychosocial needs of 60 or fewer long-term care residents (and an even smaller case load of post-acute residents) (Bern-Klug, Kramer, Sharr, & Cruz, 2010; Bern-Klug, Carter, Wang, 2021).

The federal rules for nursing homes to participate in Medicare and Medicaid were updated in 2016. During the public comment period a number of groups requested that the rules for social services be strengthened by setting social services staffing ratios that reflect the growth in proportion of nursing home post-acute/skilled residents and by requiring all “qualified social workers” to have a baccalaureate or master’s degree in social work. CMS disagreed. Not only did CMS decide against requiring a social work education to be considered a qualified social worker in a nursing home, but they also added a new “human services” degree option: “Thus we are finalizing the social worker qualifications as section 483.70(p) as proposed, with ‘gerontology’ as an example of a human services field that an individual with a bachelor’s degree could qualify as a social worker in a LTC facility” (Federal Register, 2016, page 68801). It is unclear how CMS decides which degrees qualify as “human services” and on what basis a “human services-related degree” is equivalent to a social work degree, especially given that some of the CMS-listed “human services” undergraduate degrees, such as sociology, psychology, and gerontology do not require an internship or direct practice at the individual and organizational levels, and do not require coursework that teaches practice skills relevant to assessing and addressing psychosocial issues such as: crisis intervention, counseling, psychosocial assessment, psychosocial care planning, person-centered advocacy, screening for abuse, suicide risk

assessment, group processes, and engaging in difficult conversations. A social work education does.

State Regulations Regarding Nursing Home Social Services

Although the federal government has lax personnel qualifications for nursing home social workers that are in direct opposition to long standing professional standards, each state has the option of following the federal rules or developing more stringent rules, which might be a better fit to their own state laws related to the practice of social work. For the most part, state nursing home rules related to social work qualifications are also lax as well as in opposition to professional standards, and in some cases counter to their own state laws pertaining to the licensing of the practice of social work. A 2018 review of all administrative codes (Bern-Klug, et al, 2018) for the 50 states and the District of Columbia reports that 12 states do not address nursing home social work qualifications, 25 states appear to be out of compliance with federal rules, and only one state—Maine--appears to meet the NASW standards.

The objectives of this study were to: 1) describe the current characteristics of the nation's social services directors and departments; 2) compare 2019 characteristics with 2006 characteristics; and 3) identify nursing home characteristics associated with employing a degreed and licensed social worker as social services director. A similar study was undertaken in 2006 (Bern-Klug, et al, 2009).

Methods

In January 2019, a simple random sample of 3,650 of the 15,578 Medicare and/or Medicaid certified nursing homes listed on the December 2018 CMS Nursing Home Compare Database (available to the public at medicare.gov) was drawn using SPSS version 25 using the random sample generator command. For each of the nursing homes in the sample, the mailing address

and phone number were downloaded from the CMS Nursing Home Compare database, along with selected other data, such as whether the facility was Medicare and/or Medicaid certified, tax status, and ownership. Additional variables, such as whether the nursing home was part of a chain, were downloaded from the CMS Provider of Service (POS) database, also publicly available online.

Participants

For this study, the target respondent was the director of social services. During spring 2019, students and staff at the University of Iowa’s Iowa Social Science Research Center telephoned each of the 3,650 nursing homes in the sample to determine eligibility for the study i.e., whether at least one social services staff person was employed at least part-time. For each eligible nursing home, callers asked for the social services director’s name and email and verified the nursing home’s postal address. Phone calls documented that the vast majority (84%) of the 3,067 (of the 3,650) nursing homes employed at least one social services staff person (full or part-time) at the time of the phone call. If the nursing home did not employ social services staff, the nursing home was dropped from the sample. Other reasons for exclusion from the study include: the nursing home was in the process of hiring social services staff, the social services staff member was on leave, the phone number was disconnected or incorrect, the phone was not answered (we let the phone ring 10 times on three different days /times), or the call went directly to an answering machine.

If an email address for the social services director was secured, an invitation to participate in the study was emailed. In addition to including each potential respondents’ first and last name, the subject line also read: *Because you are an expert*. The email message addressed the potential respondent by first and last name, explained the purpose of the study, and

provided a link to the online Qualtrics survey. If there was no response to the email invitation and follow-up (or if callers were not successful in securing the email address of the social services director during the screening phone call), a hard copy of the questionnaire was mailed to the nursing home social services director. Efforts to improve the postal mail response rate included mailing the questionnaire in a bright green oversized envelop, placing a combination of six colorful postage stamps (by hand) on each envelop, including a magnet in the mailing that read, “*Because you are an expert....*”. and addressing the potential respondent by their first and last name. Respondents were not compensated for participation. The study procedures were approved by the University of Iowa’s Human Subjects Office and funded by the RRF Foundation for Aging. Of the 3,067 nursing home social services directors invited to participate, 924 completed the survey (536 online and 388 on paper), for a response rate of 30%.

Instrument

A similar study was undertaken in 2006 and that survey instrument served as the basis for the 2019 study. A group of 13 national advisors (among the co-authors) with experience in nursing home research and/or nursing home social services practice met online four times to discuss the survey methods and questions. The questionnaire was extensively reviewed by these advisors and pilot tested with five current nursing home social services directors who discussed the questionnaire with the principal investigator after completing it.

The questionnaire consisted of 185 items including six open-ended questions. Sections of the survey used the same question stem to reduce respondent burden. Social services directors were asked to report the extent to which the social services department was involved in 46 tasks, inspired by the NASW’s and the Veteran’s Health Administration’s descriptions of nursing home social services responsibilities, as summarized in Simons et al, 2012. Questions addressed

barriers to providing social and emotional care, training needs, departmental staffing, job satisfaction, and compensation. Online respondents took on average 45 minutes to complete the questionnaire (no similar data are available regarding completion time for paper respondents). Completed and returned paper questionnaires were double entered.

Measures

The study’s database contains data from three sources: two CMS public datafiles and the data provided by respondents. To reduce respondent burden, data describing the nursing home that could be easily secured from public access datafiles on the CMS website were downloaded and added to the respondent data. The following data were downloaded from the Nursing Home Compare website (<https://data.medicare.gov/data/nursing-home-compare>):

Beds. Number of Medicare and/or Medicaid certified beds.

Ownership. CMS’s 13 categories of tax status were collapsed into three for this study: for profit, not-for-profit, and government.

Type of facility. There were four possible values based on whether the facility was Medicare certified as a skilled nursing facility (SNF) or Medicaid certified as a nursing facility (NF), or dually certified in Medicare and Medicaid, or considered a “distinct part” of a larger system or institution and fiscally separate.

CMS quality rating. These data were developed from resident assessments and Medicare claims data and reflect clinical measures such as weight loss, flu shot administration, number of resident falls resulting in major injury. The quality rating data were combined with two other components (staffing data for registered nurses (RNs) and licensed practical nurses (LPNs) and health inspection results) to determine the nursing home’s “star rating” which is publicly available online (<https://www.medicare.gov/nursinghomecompare/search.html?>). Due to

concerns about the reliability of the staffing data, only the quality rating data were used in this study.

Census regions and divisions. The CMS database contained the street address of each certified nursing home. For this study state information was used to categorize nursing homes into the four census regions which are further divided into nine census divisions (https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf). The Midwest West division is the reference category for the logistic regression analysis.

RUCC. County data were used to categorize nursing homes into one of nine Rural Urban Continuum Codes (RUCC). Counties were classified by population size and for non-metropolitan counties whether the county was adjacent to a metropolitan county. The RUCC were developed in 2013 by the USDA (<https://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx>). The July 2019 RUCC county designation was used in this study. In the logistic regression analysis, the reference category for RUCC was non-metropolitan counties with a population of 20,000 or more and adjacent to a metro county.

Metro/nonmetro. The nine RUCC were collapsed into a dichotomous variable metro or nonmetro counties.

Chain. In addition to data downloaded from the CMS Nursing Home Compare website listed above, data indicating whether each nursing home was part of a chain of two or more facilities was downloaded from the CMS Provider of Services datafile (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Provider-of-Services>) and added to the study database.

Eleven hard copies of the questionnaire were completed and returned without a useable study ID number because the respondent removed the ID number, or an incorrect ID number was written on the questionnaire. Consequently, the respondent data on those 11 completed surveys could not be linked with CMS facility characteristics data.

Analyses

Descriptive statistics were used to compare the sample characteristics with population characteristics of 15,578 nursing homes. Frequencies were used to compare survey data from the previous 2006 sample and the current 2019 sample. Logistic regression was used to estimate the likelihood that a nursing home employs a licensed and degreed social worker as the director of social services. SPSS version 26 was used for the analyses along with the Hayes PROCESS MACRO V 3.3, Model 3 for multiple moderation analyses that were part of building the logistic regression model (Hayes, 2017).

Results

Nursing Home Facility Characteristics

As shown in Table 2, the geographic characteristics of nursing homes in the sample were similar to the national population of Medicare and/or Medicaid certified nursing homes, with most of the differences within five percent. Most of the nation’s nursing homes were in metropolitan counties which were slightly underrepresented in the sample (72% of the population and 67% of the sample). Of the four census regions represented in Table 2, the Midwest region was slightly over-represented. Nursing home characteristics were similar between the online and paper respondents.

Table 3 compares the sample to the population of nursing homes in terms of the type of facility, ownership/tax status, number of beds, and chain status. The percentages of different

types of facilities in the sample mirrored the national population of nursing homes, although for-profit facilities were slightly underrepresented. The majority of nursing homes in the sample and in the country were dually certified to accept both Medicare and Medicaid. Table 3 also shows the sample was representative of the population in terms of CMS quality ratings.

Social Services Directors' Characteristics

Table 4 compares characteristics of nursing home social services directors in 2019 with values from the 2006 sample. In both years, women constituted more than 90% of social services directors, and most directors reported their race as white. A small percentage of respondents reported their age as 25 or younger (5% in 2006 and 4% in 2019). In 2006, 17% of the respondents were age 55 or older and that percentage increased to 24% in the 2019 sample, evidence of the aging of the social services director work force. The percentage of social services directors with a social work degree increased from 48% in 2006 to 59% in 2019. A higher percentage of the 2019 sample (28%) had earned a master's degree in social work compare to the 2006 sample (17%). The percentage of respondents who were social work licensed or certified increased from 39% in 2006 to 47% in 2019. Table 4 shows that salaries for full-time staff increased over the 13-year period between studies, with the percentage reporting earnings of \$50,000 or more per year increasing from 11% in 2006 to 45% in 2019 (the salaries are listed as reported by respondents, they were not adjusted for inflation).

Table 5 provides a summary of the educational attainment of the social services directors and the percentage of each educational category who reported having a state-issued social work license or certification. Over half of the BSW respondents and almost three-fourths (72%) of MSW respondents had earned a state-issued social work license or certification. In all, about two-thirds (63%) of directors with a social work degree (BSW or MSW) were licensed in social

work. Reflecting state laws allowing non-social workers to obtain a social work license or certification, about one-third of respondents without a social work degree reported having obtained a state-issued social work license or certification.

Additional information (not shown in tables) about the 2019 sample indicated that about half (54%) of social services departments had only one staff person, 31% had two staff members, and 9% had three staff members. Six percent of nursing homes in the sample had four or more people working in the social services department (full or part-time). The vast majority of social services director respondents (93%) were employed full-time (35 hours or more per week), with five percent employed for 20-34 hours per week. Most (80%) reported they expect to be working in a nursing homes in two years. More than half (56%) reported they were sometimes “on-call” during evenings and weekends. Also, 61% indicated they “strongly agreed” with the statement asking if they enjoyed working in nursing home social services. In terms of experience level, in both 2006 and 2019 seven percent of the sample reported having less than a year of nursing home social work experience. The percent with 15 or more years of experience increased from 21% in the 2006 sample to 31% in the 2019 sample.

Respondents were asked about a reasonable staffing ratio. Two-thirds of respondents said one full-time social services staff person could assess and care-plan for the psychosocial needs of 59 or fewer residents receiving long-term care and 53% reported that one full-time social worker could address the needs of 20 or fewer people receiving post-acute care in the nursing homes. Additional information about staffing ratios from this study are available (Bern-Klug, Carter & Wang, 2021).

Logistic Regression

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3 A bivariate logistic model was utilized to determine the likelihood of nursing homes
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5 employing a licensed and degreed social worker as social services director. Minimal missingness
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7 for both regression analyses were identified; a minimal 1.5% of the sample was missing for both
8
9 the binary logistic regression and the multiple moderation models. Testing variables were
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11 examined for collinearity and to determine if any independent variables had a VIF of above 5
12
13
14 (Craney & Surles, 2002); none were noted.
15
16

17 Results for the binary logistic model are provided in Table 6, which is separated into two
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19 primary columns. The left column contains unadjusted (i.e., bivariate) odds ratios between the
20
21 dependent variable and each independent variable. The right column contains adjusted odds
22
23 ratios where the dependent variable is predicted based on the full logistic model, controlling for
24
25 the effects of the other independent variables. Overall, model significance was examined for the
26
27 final step of the full logistic model and a statistically different outcome compared to the null
28
29 hypothesis ($\chi^2(20) = 119.30; p < .001$) was found. In other words, this set of independent
30
31 variables contributes beyond chance to predicting which nursing homes employed a degreed and
32
33 licensed social worker as social services director. The final model's Nagelkerke pseudo- R^2 was
34
35 17%. Two variables accounted for 12.5% of the variance: RUCC and census division (discussed
36
37 below). Finally, it is important to mention that the Odds Ratios (OR) and increases/decreases in
38
39 likelihood through numbered percentages (%) should be interpreted as increased/decreased
40
41 chances of correctly predicting whether the nursing home employed a degreed licensed social
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43 worker compared to having a 50/50% outcome, which is the assumed null hypothesis. Results in
44
45 the form of ORs should not be read as a 1:1 ratio or slope-based interpretation.
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51 Compared with non-metropolitan counties with a population of 20,000 or more adjacent
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53 to a metro county (the reference group) only the group of non-metropolitan counties with fewer
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than 2,500 persons and adjacent to a metro county had a statistically different (much lower) odds of employing a licensed and degreed social worker. In fact, with the OR of .18, they were 82% less likely [$1 - .18 = .82$] to hire a degreed and licensed social worker as social services director.

Compared with nursing homes in the Midwest West region, only nursing homes in the West Pacific census division were less likely to employ a licensed and degreed social worker (OR = 0.17; 83% lesser likelihood; See Table 6). Three divisions were more likely than the Midwest West to employ a licensed and degreed social worker as social services director, with the South West division having the highest likelihood (OR = 3.44; 244% greater likelihood), followed by the New England division (OR = 2.07; 107% greater likelihood) and the Mid-Atlantic (OR = 1.74; 74% greater likelihood). The South East division was trending toward significance (OR = 1.84; 84% greater likelihood) as compared with the Midwest West division, in terms of employing a degreed and licensed social work as social services director.

Adjusted model. Focusing on the full (adjusted for the impact of the other variables in the model) logistic regression model (set of columns on the right of Table 6), the OR of non-metropolitan completely rural counties with less than 2,500 people and adjacent to a metropolitan county remained consistent by being 82% less likely to have a licensed and degreed social worker (OR = 0.18) in both models. For most of the other variables, the unadjusted odds ratios changed when the effect of the other independent variables were accounted for in the adjusted odds ratios.

In the adjusted model, nursing homes in the South West division remained the most likely to employ a degreed and licensed social worker (OR = 2.61; 161% greater likelihood). Two divisions were less likely than the Midwest West to employ a degreed and licensed social

worker, South Atlantic (OR = 0.51; 49% less likelihood) and West Pacific (OR = 0.12; 88% less likelihood).

Interaction analyses. Interaction terms were included in the initial logistic models among three variables: bed size groups, ownership types, and chain status of nursing homes, which resulted in three 2-way interaction terms, and one 3-way interaction term. The 3-way interaction term was found to be significant ($p < .05$) indicating a need to test further moderation effects of those three variables. Therefore, a multiple moderation model was conducted including all independent variables on the same dependent variable (employs a licensed and degreed social worker). Due to the determination of an interaction [moderation effects] among bed size groups, chain status, and ownership type, the values for those three variables as shown in Table 6 should not be interpreted separate from the interaction analysis. Those three variables remain in the initial step of the logistic model to control for their effects on RUCCs and census divisions as well as for consistency of the regression models.

Moderation effects. A multiple moderation model utilizing the dependent variable of a licensed and degreed social worker and the same independent variables as the full logistic model was conducted to determine interactional dynamics among nursing home bed size categories, dichotomous ownership types, and dichotomous chain status. To retain consistency of the analyses, the predictor variables RUCCs and census divisions were included as model covariates, but not in their original form. To prevent the number of predictors in the model from going beyond that recommended for a binary outcome model (Hosmer et al., 2013), the RUCC variable was dummy coded into metro/non-metro counties and the Census divisions variable was effect coded into three dichotomous variables (with the West Pacific region used as the reference

group). The full model for multiple moderation was identified to be significant ($\chi^2(15) = 76.22; p < .001$) and yielded a Nagelkerke Pseudo- R^2 of 11.1%.

Results indicate several moderation effects by the two moderators (chain status and bed size) and predictor (ownership type) variable on the dependent outcome. The highest order unconditional interaction was determined to be significant ($\chi^2(2) = 6.54; p < .05$). To interpret at which levels the interaction of chain status, ownership type, and nursing home bed size begin to separate, the three-way interaction is provided graphically in Figure 1. The interaction indicates that at the highest levels of bed size (i.e., 121 or more beds) non-chain and non-profit or government-owned nursing homes were more likely to hire a degreed and licensed social worker as social services director. Conditional effects of ownership type and chain status positively, significantly interacted with the nursing homes containing 120+ beds ($\chi^2(1) = 6.22; \log \text{ odds} = 1.53; p < .05$). The conditional interaction further supports the interpretation that the nursing homes with more than 120 beds moderates the likelihood of hiring a licensed and degreed social worker given the condition of the nursing home being not-for-profit or government-owned and not being a part of a chain. This result translates into an increased likelihood of 362% ($OR = 4.62$) among not-for-profit, non-chain nursing homes with 120+ beds employing a licensed and degreed social worker compared to nursing homes with 120+ beds that are part of a for-profit chain. Among nursing homes with fewer than 120 beds, those with less than 60 beds were least likely to employ a licensed and degreed social worker, regardless of region, county, or RUCC.

Discussion

This is the first study since 2006 to report data collected from a nationally representative sample of nursing home social services directors about their departments. Our first aim was to characterize the social services workforce and the second, to compare the 2019 and the 2006

workforces. As was the case in 2006, most nursing homes do employ at least one social services staff person, at least part time. Social services departments are small; in about half of the homes in the sample, there was only one person in the social services department. There is still too little gender and ethnic diversity among this workforce with most directors reported being women and white. There was an increase in social services directors with a master's degree in social work (17% in 2006 and 28% in 2019). Almost half (47%) of 2019 social services directors (including staff members without a social work degree) report having a state-issued license or certificate in social work compared to 39% in 2006. A quarter of the respondents reported their age as 55 or older which implies a large turn-over in the nation's nursing home social services workforce over the next decade. This turn-over may be hastened by the COVID-19 pandemic. One third of the sample reported 15 or more years' experience in nursing home social services. While salaries for directors have increased since 2006, 80% of social services directors who work full-time reported earning less than \$60,000 per year. The median salary was between \$40,000 – 49,000. This is lower than the median salary of \$67,370 for registered nurses working in nursing home in 2018 (Bureau of Labor Statistics, 2018) and closer to the 2018 median salary for nursing home licensed practical nurse (LPN's) of \$48,330.

Our third and final aim was to identify the characteristics of nursing homes that are most likely to employ a social services director with both a social work education and license. In other words, we sought to identify nursing homes that employ social services directors who meet the NASW professional standards. About one-third (37%) of nursing homes in this study employ a person with both a social work degree (BSW or MSW) and a social work license/certification as social services director. Our analyses determined that larger nursing homes were more likely to hire degreed and licensed social workers. Among nursing homes

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with more than 120 beds, not-for-profit, nursing homes that were not part of a chain were far more likely to employ a degreed and licensed social worker as social services director compared with the same sized for-profit chain counterparts. The NASW standards for social work practice in nursing homes include a preference for social services directors to have earned an MSW. Less than one-third of the 2019 sample met the criteria of having an MSW, two-thirds of whom were licensed, therefore one-in-five (20.8%) of the nation’s nursing home social services directors meet the *preferred* NASW standards to serve as the director of social services in the nursing home setting. (Social services directors with a bachelor’s degree in social work also meet professional standards if they comply with state licensing requirements, and if they receive consultation from a person with an MSW.)

A limitation of the current study is the 30% response rate and the fact that data were collected only from the director of social services and not from other social services staff members. Also, nursing homes in the Midwest are slightly over-represented in the sample.

Over 40% of nursing homes have a non-social worker as social services director, in direct opposition to national professional standards and possibly in violation of many states’ practice and title protection laws. It can be argued that this is also in opposition to federal law because although CMS has invented its own unique definition of a “qualified social worker” to be used in the case of nursing homes serving older adults and persons with disabilities, CMS also requires certified nursing homes to hire professional staff in keeping with professional standards and state law. CMS’s own definition is at odds with professional standards and some state laws when it comes to determining who is qualified to be a social worker in a nursing home. CMS rules are also at odds with evidence from social services directors themselves (including respondents in

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2
3 this study and in the 2006 study) who reported being able to meet the psychosocial needs of far
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5 fewer than 120 residents (Bern-Klug, Carter & Wang, 2021).
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8 In most nursing homes in the US, the social worker is the only staff person with the
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10 expertise to anticipate psychosocial needs of residents--including residents with dementia, assess
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12 psychosocial needs, develop a care plan that takes into account psychosocial needs, and evaluate
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14 whether the care plan interventions are making a difference. Furthermore, recent CMS rules now
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16 require nursing homes to provide culturally competent care that is trauma informed. A social
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18 work education, including continuing education requirements that accompany licensure, prepare
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20 social workers in both culturally competent care and trauma informed care.
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24 The Code of Federal Regulations clearly states that Medicare/Medicaid nursing homes
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26 must employ staff that meet professional standards. The Code of Federal Regulations then
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28 present a completely unique definition of a professional social worker, a definition that is at odds
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30 with professional standards, and not used in other Medicare/Medicaid settings. In other words,
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32 despite the fact that the professional practice of social work is licensed in every state, and title or
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34 practice protection is in every state, and the NASW decades ago developed professional
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36 standards for social work practice in nursing homes, CMS has invented its own definition of
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38 social work, applied only in the nursing home setting, which includes people who have not
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40 earned a social work degree as “qualified social workers.” It is not appropriate for the
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42 government to dilute professional standards in a setting that primarily cares for older adults.
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47 Unlike all other Medicare/Medicaid certified settings, federal regulations in the nursing
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49 home context use the terms “social services” and “social work” interchangeably, which is
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51 confusing because social work, unlike social services, is a profession with a code of ethics, state
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53 licensure, and a rigorous educational preparation (including practicum) at the bachelors and
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masters level in schools accredited by the Council on Social Work Education. Allowing non-social workers to practice as social workers makes it difficult for residents, families, fellow staff members, and medical directors to know what they can count on in terms of psychosocial care.

For the benefit of nursing home residents, their families, and fellow staff members, we strongly recommend CMS put aside its idiosyncratic and minimalist operationalization of a “qualified social worker” and uphold professional standards by requiring a social work degree and license in order to practice as a social worker in a nursing home. In the nine states that do not license social workers at the bachelor’s level, an MSW should serve as a consultant to the baccalaureate social worker

Meeting residents’ psychosocial care needs is an important aspect of quality of life. It is not possible for one social worker to address the psychosocial needs of 120+ residents and maintain strong relationships with their family members. We recommend the development of a realistic staffing ratio. We recommend additional research on psychosocial needs of residents, and effective psychosocial interventions. Our final recommendation is a call for research in which the unit of analysis is the interdisciplinary team. The literature is silent on the impact on residents when the entire interdisciplinary staff is well-qualified and responsible for a reasonable number of residents. While discipline specific research continues to be needed, research on strong interdisciplinary teams in nursing homes is also called for because the needs of residents exceed the skills and expertise of any one discipline.

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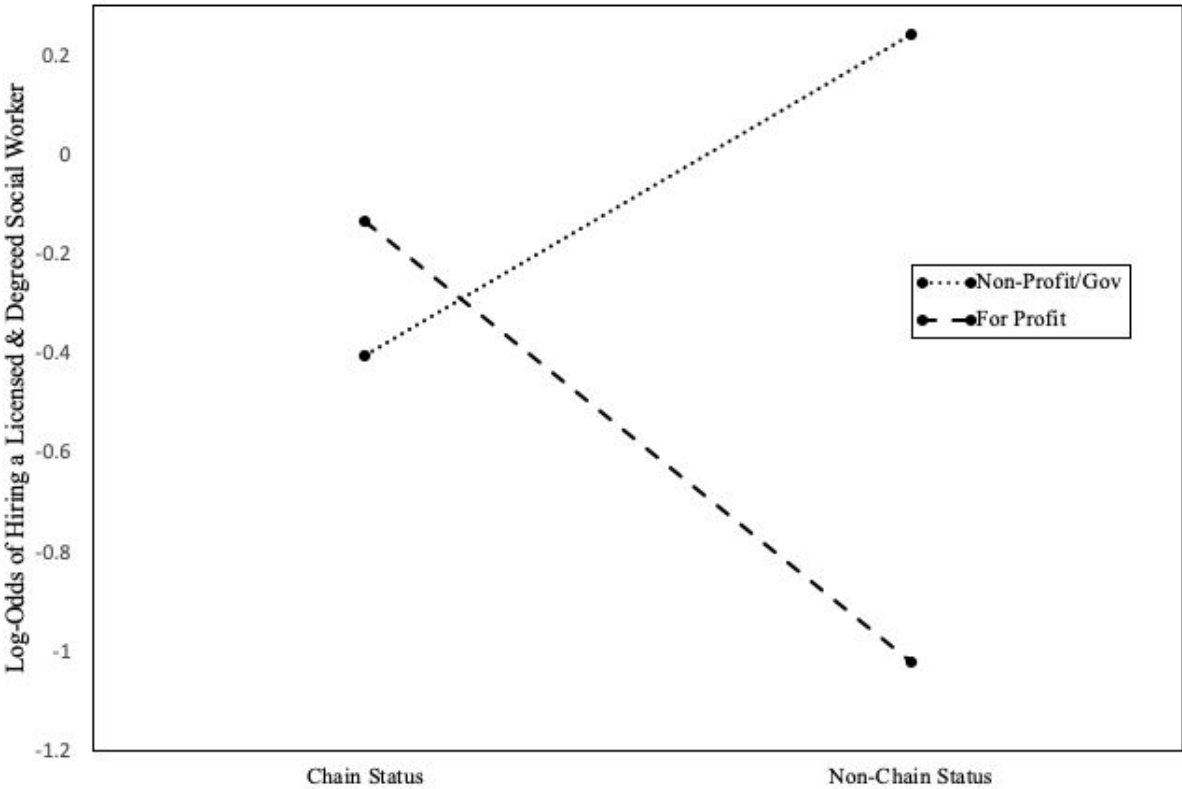
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Figure 1. Interaction of chain status and ownership status among nursing homes with 120+ beds



Note. Interaction plot of the log-odds of hiring a licensed and degreed social worker at nursing homes with 121 or more beds. The interaction indicates that, at higher levels of bed size (i.e., 121 or more beds), non-chain and non-profit or government owned nursing homes are more likely to hire a degreed and licensed social worker.

Table 1. Definitions of a Qualified Social Worker in the Nursing Home Setting

NASW	CMS
<p>A social worker has, at minimum, a bachelor's degree from an accredited school or program of social work; has two years of post-graduate experience in long-term care or related programs; and meets equivalent state requirements for social work practice.... In no instance should a social worker have less than a baccalaureate degree from an accredited school or program of social work. (NASW, 2003, page 7)</p> <p>The NASW standards also address the qualifications of the director of social services in a nursing home:</p> <p>The term <i>social work director</i> is defined in these standards as a social worker who is the staff member responsible for the social work program in the facility. It is preferable that the social work director be a graduate of a master's degree program from an accredited school or program of social work, have a minimum of two years post-graduate experience in long-term care or related programs, and meet equivalent state requirements for social work practice....(NASW, 2003, page 8)</p>	<p>(1) An individual with a minimum of a bachelor's degree in social work or a bachelor's degree in a human services field including, but not limited to, sociology, gerontology, special education, rehabilitation counseling, and psychology; and</p> <p>(2) One year of supervised social work experience in a health care setting working directly with individuals. (CFR, §483.70, 2020).</p> <p>Director of social services: no definition</p>

Table 2. Geographic Comparison of Sample to Population of U.S. Certified Nursing Homes: 2019

	Population*	Sample
	N = 15,578	n=911
County Classification - Office of Management and Budget		
Metropolitan	72%	67%
Non Metropolitan	28	33
Rural Urban Continuum Code (USDA) County Classification		
1 Metro 1 million +	41	33
2 Metro 250,000 – 1 million	20	20
3 Metro < 250,000	11	13
4 Nonmetro 20,000+ urban, adjacent to metro	6	6
5 Nonmetro 20,000+ urban, not adjacent to metro	3	3
6 Nonmetro 2,500 – 19,999 urban, adjacent to metro	9	9
7 Nonmetro 2,500 – 19,000 urban, not adjacent to metro	6	7
8 Nonmetro completely rural or < 2,500 urban, adjacent to metro	2	3
9 Nonmetro completely rural or < 2,500 urban and not adjacent to metro	3	5
Census Bureau’s 4 Regions		
Northeast	17	16
Midwest	33	41
South	35	29
West	16	14
Census Bureau’s 9 Divisions		
1 Northeast: New England	6	7
2 Northeast: Mid-Atlantic	11	9
3 Midwest: East North Central	20	21
4 Midwest: West North Central	13	21
5 South: South Atlantic	15	14
6 South: East South Central	7	6
7 South: West South Central	13	10
8 West: Mountain	5	6
9 West: Pacific	10	7

*National data are from the December 2018 CMS Nursing Home Compare dataset

Table 3. Comparison of Nursing Home Characteristics: Sample to Population of U.S. Certified Nursing Homes: 2019

	Population* N = 15,578	Sample n = 911
Type of Facility		
SNF/NF (dual)	78	79
SNF/NF (distinct part)	15	16
SNF	5	2
NF	2	3
Tax Status/Ownership		
For Profit	70	63
Not-for-Profit	23	29
Government	7	8
Number of beds		
Less than 60	19	20
61-120	52	53
121 or more	29	27
Part of a chain of 2 or more nursing homes	59	58
CMS Quality Rating		
1-Much below average	5	5
2-Below average	10	10
3-Average	14	16
4-Above average	22	22
5-Much above average	49	48

Note: National data are from December 2018 CMS Nursing Home Care dataset, with the exception of "chain status" which is from the CMS Provider of Services dataset.

Table 4. Comparison of Characteristics of Nursing Home Social Services Directors:
2006 and 2019

	2006 Sample <i>n</i> = 1,071	2019 Sample <i>n</i> = 924
Women	93%	92%
Race		
African American	6	6
White	90	88
Age-group		
18-25	5	4
26-34	23	24
35-44	25	24
45-54	29	23
55-64	15	19
65+	2	5
Highest Education		
High School	14	10
Associates Degree	6	6
Bachelors (non-SW)	24	20
Bachelors (SW)	31	30
Masters (non-SW)	8	7
Masters (SW)	17	28
SW Licensed or Certified	39	47
Annual Salary for <i>Full-time Staff</i>		
<\$30,000	25	8
\$30k – 39,999	42	20
\$40k – 49,999	22	26
\$50k – 59,999	8	25
\$60,000 or more	3	20
Years of NH Social Services Experience		
Less than 1	7	7
1-3 years	20	19
4-9 years	34	27
10-15 years	18	16
More than 15 years	21	31
Plans to work in a NH in two years	81	81

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Table 5. Percent of Nursing Home Social Services Directors Who Report Holding a Social Work License/Certification, by Highest Educational Attainment: 2019

Education	Percent of Sample	Percent Reporting a Social Work License or Certification
Less than 4-year degree	16%	31%
Bachelors (non-SW)	20	19
Bachelors (SW)	30	54
Masters (non-SW)	7	33
Masters (SW)	29	72
	100%	47%
With BSW or MSW	59%	63%

Table 6

Logistic Regression Model Predicting Nursing Homes Hiring Licensed & Degreed Social Workers

	UOR	95% CI	AOR	95% CI
Step 1		-	$\chi^2(4) = 30.29; p < .001$	
Beds (ref 60-120 beds)				
Less than 60	-	-	0.37***	[.240, .564]
60 to 120	-	-	0.58**	[.421, .795]
Chain Status	-	-	0.99	[.736, 1.332]
Ownership/Tax status	-	-	1.67**	[1.228, 2.280]
Step 2		-	$\chi^2(20) = 119.30; p < .001$	
Bed Size				
Less than 60	0.44***	[.288, .657]	0.58*	[.350, .947]
60 to 120	0.58**	[.422, .793]	0.70*	[.495, .998]
Chain Status	1.15	[.872, 1.511]	0.91	[.660, 1.240]
Ownership	1.46**	[1.101, 1.923]	1.76**	[1.257, 2.454]
RUCC County				
M 1 million plus	1.56	[.844, 2.874]	1.71	[.890, 3.293]
M 250k – 1 million	1.02	[.536, 1.946]	1.06	[.538, 2.105]
M < 250k	1.02	[.516, 2.023]	1.08	[.528, 2.222]
NM 20k plus	0.88	[.331, 2.310]	0.78	[.277, 2.194]
NM 2.5k – 19k adj	0.96	[.462, 1.975]	1.00	[.466, 2.152]
NM 2.5k – 19k	1.10	[.507, 2.374]	1.02	[.453, 2.314]
NM <2.5k adj	0.18*	[.037, 0.837]	0.18*	[.037, .891]
NM <2.5k	0.47	[.188, 1.192]	0.44†	[.163, 1.165]
Census Division				
New England	2.07*	[1.144, 3.731]	1.42	[.749, 2.686]
Mid-Atlantic	1.74*	[1.028, 2.961]	0.96	[.531, 1.745]
Midwest East	1.14	[.740, 1.744]	0.84	[.525, 1.350]
South Atlantic	0.71	[.427, 1.185]	0.51*	[.291, .896]
South East	1.84†	[.979, 3.444]	1.49	[.759, 2.923]
South West	3.44***	[2.029, 5.842]	2.61**	[1.452, 4.677]
West Mountain	0.76	[.388, 1.471]	0.61	[.298, 1.236]
West Pacific	0.17***	[.064, .436]	0.12***	[.043, .311]

Note. UOR = Unadjusted Odds Ratios; AOR = Adjusted Odds Ratios; CI = Confidence Interval; NH = Nursing Home; Chain Status 1 = Chain NH, 2 = Not a Chain NH; Ownership 1 = For Profit NH; 2 = Non-Profit/Government Owned NH; Bed Size reference = 121 or more; RUCC reference = Non Metro county of 20,000+, adjacent to a metro county; Census Division reference = Midwest West division.

† $p < .1$, * $p < .05$, ** $p < .01$, *** $p < .001$