

their low family/community engagement. NHs in cluster 3 had significantly lower registered nurse retention, and lower mental health and social service staffing compared to NHs in cluster 2. This typology provides insight into the variations in implementing CC practices across NHs and pragmatic implications for promoting deep and extensive CC.

CONSISTENT ASSIGNMENT: AN UPDATE ON THE QUALITY IMPACT

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The association of consistent assignment of Nurse Aides (NAs) with nursing home quality indicators is examined. Consistent assignment is defined as the same caregivers consistently caring for the same residents almost (80% of their shifts) every time they are on duty. Data used came from a survey of nursing home administrators, Nursing Home Compare, the Certification and Survey Provider Enhanced Reporting (CASPER) data, and the Area Resource File. All of the data was from 2015, and included 3,550 facilities. Several multivariate logistic regression models (using GEE) were used, including staffing variables (turnover, agency use, staffing levels), facility factors (size, ownership, occupancy rate), and market characteristics (competition, Medicaid rates). An average of 77% of nursing homes reported using at least some level of consistent assignment; although some were at low levels. In the multivariate analyses, accepted levels of consistent assignment were used. Turnover and family satisfaction quality were significantly ($p < .01$) better in facilities with the highest levels of consistent NA assignment. 7 of the 9 Quality Measures and 3 of the 5 Five-Star measures examined were significantly ($p < .01$) better in facilities with the highest levels of consistent NA assignment. Consistent assignment has developed as a preferred practice in nursing homes based on little empirical evidence. The findings presented here provide substantial justification for the use of this staffing practice for NAs.

STATE PERFORMANCE ON HOME- AND COMMUNITY-BASED SERVICES EXPENDITURES UNDER THE BALANCING INCENTIVES PROGRAM

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Medicaid has been at the forefront of policy efforts to “re-balance” long-term services and supports (LTSS) from institutional toward home- and community-based services (HCBS). The Balancing Incentives Program (BIP), authorized under the Affordable Care Act, sought to increase spending on HCBS relative to total LTSS among states that were spending less than 50% of total Medicaid LTSS dollars on HCBS each year. BIP’s benchmark for states to spend more than 50% of LTSS on HCBS was meant to improve states’ infrastructure to ensure an equitable, consumer-friendly process to access HCBS. For the first time, we quantified how states performed on HCBS expenditures. We analyzed state-level HCBS expenditure data for states eligible for BIP ($n=35$) from 2008

to 2015, which includes several years both before and after BIP implementation. We examined the effect of BIP on HCBS expenditures as a percent of total LTSS spending using fixed-effects modeling which controls for stable characteristics of states and years. We find that BIP states increased HCBS spending relative to non-BIP states, and this effect continued to grow over our study period. In the first year after BIP implementation, BIP states increased spending by 1.8% relative to non-BIP states. The difference in spending between BIP and non-BIP states is even larger in subsequent years (4.8% in year 2, 5.3% in year 3, and 5.8% in year 4). Results indicate that BIP prompted increased state-level spending that continued to rise several years after initial implementation of BIP.

THE STUDY OF KNOWLEDGE AND ATTITUDE ABOUT LONG-TERM CARE AMONG HISPANICS

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Attitudes towards long-term care can help policymakers tailor policies considering different racial and ethnic experiences of the elderly population. The theory of Proactive Coping can help elderly people to better prepare for aging and minimize stressors related to aging by identifying potential sources of stress before they occur and help gather resources and skills for successful aging. The data from the “Long-term care in America: views on who should bear the responsibilities and costs of care” (2017) study showed that Hispanics generally perceived their health to be in a better status and Hispanic women perceived that they had better health compared to males. Similarly, Hispanic males generally thought that they would not need assistance at old age whereas women anticipated that they would require assistance at old age. Similarly, there was a gender difference on who should bear the caregiving responsibility. More Hispanic women thought it would be their responsibility to provide care than males. Women were more prepared than males to provide the care needed to family members or friends. In regards to financial preparation, males reported being more financially capable than females to bear expenses during the old age. Similarly, women were more likely to solely depend on using governmental assistance such as Medicare and Medicaid during old age for needed care. Most of the respondents thought that the US was not well prepared to meet the needs of the aging population and suggested that the government needs to do more before it would be too late.

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METHODOLOGICAL ISSUES IN THE STUDY OF AGING

A SEARCH FOR MEANINGFUL PATIENT AND PUBLIC INVOLVEMENT IN GERONTOLOGICAL QUALITATIVE DATA ANALYSIS

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Patients and the public are involved in health and social care research more than ever before. Much effort has