means-tested program for health care coverage. There has been longstanding concern that wealthy older adults are taking advantage of the program by divesting assets in order to qualify for coverage. The existing research on the issue is somewhat dated, does not focus on the question of asset transfer, and often lacks a significant longitudinal view. Thus, questions remain about whether states need to tighten asset eligibility rules to prevent the wealthier older adults from accessing the program. This analysis explores longitudinal data from the Health and Retirement Study (1998 to 2016) to determine the extent to which wealthier Americans age 50 and older engage in asset transfer to access Medicaid. Our findings demonstrate that this may occur among a relatively small proportion of wealthy older adults, and that tightening Medicaid eligibility criteria would likely have a small to modest impact on the financial status of the program.

## DIFFERENTIAL EFFECTIVENESS OF THE MINNESOTA SAFE PATIENT HANDLING ACT BY HEALTH CARE SETTING

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The Minnesota Safe Patient Handling (SPH) Act requires nursing homes, hospitals, and outpatient facilities to develop comprehensive SPH programs and acquire mechanical lifts. The law was designed to prevent the adverse outcomes of manual patient handling among workers (e.g., musculoskeletal injuries) and care recipients (e.g., falls, skin tears). Reducing manual handling is of particular concern in nursing homes where residents' care needs necessitate frequent lifts and transfers. To date, research has focused on the effects of SPH laws separately in nursing homes and hospitals. Our study aimed to assess whether change in worker injury rate differed between nursing homes and other health care settings following enactment of the 2007 Minnesota law. We used 2005-2017 claims data from a large workers' compensation insurer and assessed the effects of time, health care setting, and their interaction on claim rate using negative binomial regression models. The claim rate for patient handling injuries was highest in nursing homes (2.8/million payroll), followed by hospitals (1.4/million payroll), and outpatient facilities (0.04/million payroll). Across settings, patient handling claims declined by 38% (95% CI 19-53%) between pre-law (2005-2007) and post-implementation (2014-2017). The decline in claims over time did not differ by health care setting (Wald $\chi2$ for interaction=3.40, p=0.758). Our results suggest that nursing homes are successfully addressing the unique mobility needs of their residents in their mandated SPH programs. Future work should seek to describe the magnitude and nature of care recipient injuries caused by lifting and transferring and evaluate trends in care recipient injuries over time.

## FAILING TO COMPLAIN: DO NURSING HOMES WITH MORE RESIDENTS WITH DEMENTIA HAVE FEWER COMPLAINTS?

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The majority of nursing home (NH) residents have Alzheimer's Disease or Related Dementias (ADRD). However, the association of ADRD prevalence and NH quality is unclear. The objective of the current study is to understand the association of NH characteristics, including the proportion of ADRD residents, with the prevalence of NH complaints as an indicator of quality of care and quality of life. We merged data from the ASPEN Complaints/Incident Tracking System with national NH data from the Certification and Survey Provider Enhanced Reports, the Minimum Data Set, the Area Health Resource File, and zip-code level rural-urban codes in 2017. Three groups of NHs were created, including those whose proportion of residents with ADRD was in the top decile (i.e., high-dementia NHs (N=1,473)) and those whose proportion of ADRD residents was in the lowest decile (i.e., low-dementia NHs (N=1,524)). Bivariate results revealed high-ADRD NHs had higher percentages of Medicaid-paying residents, were less likely to be for-profit and chain-affiliated, had lower staffing hours and lower percentages of Black, Hispanic, and Asian residents. Using NHs in the middle deciles as reference, negative binomial regression models showed that having a low proportion of ADRD residents was significantly associated with higher numbers of total complaints (p<.001) and substantiated complaints (p<.001), whereas having a high proportion of ADRD residents was significantly associated with lower numbers of substantiated complaints (p=.001). The findings suggest the proportion of residents with ADRD in NHs is associated with quality, as measured by complaints. Policy implications of these findings will be discussed.

## MEANINGFUL ASSESSMENT OR MINIMUM COMPLIANCE: PASRR FOR NURSING HOME RESIDENTS WITH MENTAL ILLNESS

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The Omnibus Budget Reconciliation Act (OBRA) of 1987 included provisions for the Preadmission Screening and Resident Review (PASRR) program, which requires states to create and maintain systems to assess persons with serious mental illness (SMI) seeking NH care. The prevalence of SMI in NHs is increasing, and little is known about the effectiveness of the PASRR program intervention. We conducted 20 interviews with state and national PASRR stakeholders, including assessors, hospital discharge planners, mental health advocates, geriatricians and geriatric psychiatrists. Interview data were triangulated with state provided materials on PASRR collection and implementation. Based on these interviews, we identified four themes: 1) variation in the implementation of federal PASRR legislation across states and jurisdictions, 2) the need for investment in professional development and workforce capacity, 3) lack of usefulness of PASRR in ongoing care planning, and 4) the need to consider the role of age, race/ethnicity, and stigma on quality of care for NH residents with SMI. Stakeholders

agree that PASRR legislation was well intentioned, but also expressed concern regarding the completion of PASRR as an issue of compliance versus meaningful assessment. More work is needed to determine how best to develop and support the care needs of people with SMI, while being mindful of the original goals of deinstitutionalization that prompted OBRA passage. In order to assess the impact of the PASRR program on quality of care and mental health outcomes, further research should take an evaluative approach through meaningful use of PASRR data.

## PREVENTABLE? LONG-TERM CARE POLICY SUCCESSES AND FAILURES DURING COVID-19 PANDEMIC: A SCOPING LITERATURE REVIEW

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The number of older adults who live in long-term care (LTC) is expected to increase worldwide. The COVID-19 pandemic has caused serious consequences in Canadian LTC homes, while homes in China and Japan reported minimal infection and death rates in residents. The differences in LTC policies may be one of the contributors. The purpose of this literature review was to identify elements of the LTC policies that might have impacted COVID-19 outcomes in LTC homes in Canada, China, and Japan. A scoping review was conducted following the framework proposed by Arksey and O'Malley. Scholarly articles and grey literature published between January 2015 and June 2020 were identified in six databases, four in English (CINAHL, Scopus, ProQuest, and PubMed), one in Chinese (CNKI), and one in Japanese (CiNii), using MeSH terms for LTC and health policy. Grey literature was identified using Google. Data were extracted, summarized and common themes identified through content analysis. A total of 52 articles and 26 grey sources were included in the review based on determined inclusion criteria. They were research articles, reviews, government or association reports, policy briefs, policy documents, and guides. Four common themes of challenges emerged: caregiver workforce, service provision, funding, and physical environments. Three sub-themes were identified for caregiver workforce and service provision. Differences in COVID-19 consequences in LTC homes in the three countries seem to be related mainly to the challenges with the caregiver workforce and the lack of funding. The result suggests Improvements of LTC policies are required, especially in Canada.

## SCOPING REVIEW: HOME AND COMMUNITY-BASED SERVICE WAIVER PROGRAMS AND PERSON-REPORTED OUTCOMES

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State Medicaid programs are rebalancing their long-term care spending from nursing home to home and community-based services (HCBS). Emphasis on person-centered and person-directed care warrants investigation into models of HCBS delivery that promote quality of life. We performed a scoping review of the literature to catalogue the breadth of the studies describing HCBS waiver programs targeting adults (18+). We identified 757 articles, and after duplicate removal and reconciliation, we excluded articles on children or adolescents, non-peer reviewed reports, international studies, and articles that did not describe HCBS waiver programs. After abstract and title review, 292 articles met our inclusion criteria. Most included articles (22.3%) were single state descriptive evaluations or evaluations of service use patterns among participants. 17.8% of included articles examined multi-state or national variation in program trends, while 17.1% made national program conclusions without a major focus on interstate comparison. Less common were studies examining integrated care or dual-eligibles (7.5%), PACE (3.4%), medication management (3.1%), quality and satisfaction of both consumer and caretaker perspectives (3.8%) and consumer-only perspectives (5.1%). The remaining articles focused on HIV (4.1%), TBI (1.4%) or ID/DD (14.4%) waiver programs. The 8.9% of articles addressing quality and satisfaction consisted mostly of interviews, either with state Medicaid administrators or with care recipients and/or caregivers. Consumer reported satisfaction and unmet care needs were the primary outcomes examined. Given the heightened focus on long-term care as a result of the ongoing coronavirus pandemic, this review justifies further exploration into the delivery and outcomes of state-directed HCBS waiver programs.

## THE DEVELOPMENT OF A SELF-APPRAISAL TOOL FOR THE LEVEL OF LONG-TERM CARE SERVICE INTEGRATION.

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Introduction Taiwan is the fastest aging countries in the world. In 2016, Taiwan implemented Long-Term Care Plan 2.0 (LTC Plan 2.0), aims to provide coordinated and integrated LTC services. However, how to assess the level of integration and which integration mechanisms are better applied are still unclear in the literature. This study intended to address a research question regarding "How can agencies measure their level of service integration?" and, therefore, aimed to develop an integration assessment tool—the Taiwanese Self-Assessment for LTC Systems Integration (TwSASI)- for LTC agencies to use to self-evaluate their current "level" of providing integrating LTC services. Methods TwSASI was first developed base on Connie J. Evashwick's (2005) framework and literature review, including four domains: inter-entity planning and management, care coordination, integrated information system, and integrated financing, and 11 dimensions with 51 items. Through the Delphi method, with two rounds of investigation and feedback from 26 experts, RAND/UCLA Appropriateness Method (RAM) was used to assess the consensus regarding the dimensions and items developed and refined the tool content accordingly. Results After two rounds of investigation, four domains remained with 10, 11, 4, and 5 items in each domain respectively. All items reached good experts' consensus with medians of the 30 items' importance, feasibility, and appropriateness all over 8. The Scale Content Validity Index (SCVI) of the 4