



**Long-term Services and Supports Options and Average Costs as of February 2011**

	<b>Number of Residents/Clients</b>	<b>Average Age</b>	<b>Average Length of Stay</b>	<b>Number of Providers</b>	<b>Average Cost</b>
<b>Nursing Homes</b>	1,500,000	65+ (88.3%), 85+ (45.2%)	835 days	15,740	\$72, 270.00 - \$79, 935.00
<b>Assisted Living</b>	900,000	86.9	28.3 mths	39,500	\$34, 000
<b>CCRC</b>		78		1,861	
<b>Home Health (Medicare Certified)</b>	3.2 Million	65		10,422	\$21/hr.
<b>Hospice</b>	1,055,000			3,389	
<b>Adult Day Services</b>	about 260,000	65+ (69%), 41-64 (21%)		4,600	\$67/day

**Payment Sources**

	<b>Medicare</b>	<b>Medicaid</b>	<b>Private Source</b>	<b>Out-of-pocket</b>	<b>Other Sources</b>
<b>Nursing Homes</b>	36.40%	34.80%	42%	22%	
<b>Home Health</b>	55.70%	22.40%	12.30%	5.80%	3.00%
<b>Hospice</b>	81.00%	67.70%	5.10%	1.30%	5.40%
<b>Home Health &amp; Hospice (Mixed)</b>	65.70%	10.30%	17.10%	3.60%	3.40%

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## Nursing Homes

- In 2004, there were 1.7 million nursing home beds (about 108 beds per nursing home) in the United States, compared with 1.9 million (about 105 beds per nursing home) in 1999. The occupancy rate (number of residents divided by number of available beds) was 86.3 percent. (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)
- Most of the nursing homes were proprietary (61.5 percent); 30.8 percent were operated as voluntary nonprofit facilities, and the remaining 7.7 percent were owned by government and other entities. (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)
- More nursing homes were certified by both Medicare and Medicaid (87.6 percent) than in 1999 (81.8 percent). (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)
- More than two-thirds (67.7 percent) of all nursing facilities were located in MSAs, and 66.6 percent were located in the Midwest and the South. (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)
- Nursing homes were either independently operated (45.8 percent) or were part of a chain with a common affiliation (54.2 percent). (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)

## Facility Services/Staffing

- Selected services provided to nursing home residents are delivered through formal contracts with outside providers. Pharmacy (84.1 percent) and medical director (83.5 percent) were the services most commonly provided under contract. Other services commonly provided by outside sources included hospice (78.1 percent), therapy services (68.7 percent), podiatry services (66 percent), dental and oral services (62.5 percent), and diagnostic services (58.9 percent). (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)
- Nursing homes used different and multiple arrangements to provide medical services, including using private physicians from the community (85.9 percent), contracting with physician group practices (30.1 percent), and employing physicians on staff (19.6 percent). (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)
- A total of 936,000 persons (*CDC National Nursing Home Survey: 2004 Overview*, registered nurses, licensed practical nurses, certified nursing assistants, nurse's aides, and orderlies) provided nursing care to nursing home residents. Of these workers, the majority were employees of the nursing home and 18,600 were contract workers. (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)
- Certified nursing assistants (600,800) represented the majority of all nursing staff employed in nursing homes. (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)

## Resident Characteristics

- Of the 1.5 million nursing home residents, 88.3 percent were aged 65 years and older and 45.2 percent were aged 85 years and older. (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)
- It has been estimated that by 2030, more than 3 million people will reside in nursing homes and that nearly half of the U.S. adults will die there. (*Raising the Standard: Palliative Care in the Nursing Home*, Haiden Huskamp, Diane Meier, Betty Lim & Melissa Carlson, Health Affairs, January 2010, vol. 29, pg 137)
- Midwestern states had 68.2 nursing home residents per 10,000 civilian residents, whereas states in the West averaged 31.5 per 10,000 population. There were 60.8 residents per 10,000 population in the Northeast and 47.7 per 10,000 in the South. About 73.5 percent of Hispanic or Latino nursing home residents were located in the South and West. (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)
- Black residents were twice as likely as white residents to be under age 65 years (21.9 percent versus 10 percent) and were less likely to be aged 85 years and older (30.2 percent versus 47.7 percent). About 84.7 percent of black residents were from MSAs, compared with 74 percent of their white counterparts. (*CDC National Nursing Home Survey: 2004 Overview*, pg 3)
- Of the nursing home population reported to be of Hispanic or Latino origin, 22.8 percent were under age 65 years, compared with 11.2 percent of not Hispanic or Latino residents. Conversely, 24.6 percent of Hispanic or Latino nursing home residents were aged 85 years and older, compared with 46.1 percent of residents who were not Hispanic or Latino. MSAs accounted for 86.6 percent of Hispanic or Latino nursing home residents, compared with 75 percent of not Hispanic or Latino residents. (*CDC National Nursing Home Survey: 2004 Overview*, pg 3-4)
- Of all nursing home residents, 71.2 percent were female. About 59.5 percent of Hispanic or Latino nursing home residents were female, compared with 71.6 percent of their not Hispanic or Latino counterparts. Among black residents, 63.5 percent were female, compared with 72.6 percent of their white counterparts. (*CDC National Nursing Home Survey: 2004 Overview*, pg 4)
- Adults with long term care needs who live in institutions are less than half as likely to be married as those living in households, who are themselves much less likely to be married than adults without long term care needs. (*Long Term Care: Who Gets It, Who Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 14)
- The narrowly defined long term care population numbers about 3.2 million, including 2.3 million requiring help with three or more ADLs. (*Long Term Care: Who Gets It, Who*

*Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 13)

- In all, 10 million Americans, living either in the community or in institutions, report ADL difficulty. About half of this population is under age 65. (*Long Term Care: Who Gets It, Who Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 13)
- Long term care in the U.S. is needed by 10.9 million community residents, half of them nonelderly, and 1.9 million nursing home residents, predominantly elderly. (*Long Term Care: Who Gets It, Who Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 11)

#### Length of Time Since Admission

- The average length of time since admission for all current nursing home residents was 835 days. The median length of time since admission was 463 days. (*CDC National Nursing Home Survey: 2004 Overview*, pg 4)
- Among nursing home residents aged 65 years and older, time since admission for 19.4 percent of the residents was fewer than 3 months, for 24.2 percent it was 3 months to less than 1 year, and for 56.4 percent it was 1 year or more. (*CDC National Nursing Home Survey: 2004 Overview*, pg 4)
- Residents who were married or living with a partner at admission had the shortest median length of time since admission (345 days), compared with widowed (480 days), divorced or separated (543 days), and single or never married (556 days) residents. (*CDC National Nursing Home Survey: 2004 Overview*, pg 4)
- Residents who lived with family members before admission to the nursing home had the shortest median length of time since admission (523 days), compared with those who lived alone (632 days) or those who lived with nonfamily members (days) before admission. (*CDC National Nursing Home Survey: 2004 Overview*, pg 4)

#### Functional Status

- Only 1.6 percent of all nursing home residents received no assistance in any activity of daily living (ADL) (i.e., bathing, dressing, toileting, transferring, or eating), whereas 51.1 percent received assistance in all five ADLs. (*CDC National Nursing Home Survey: 2004 Overview*, pg 4)
- More than one-half of all residents were either totally dependent or required extensive assistance in bathing, dressing, toileting, and transferring. (*CDC National Nursing Home Survey: 2004 Overview*, pg 4)

- About 44.2 percent of residents were continent of bowel, and 32.5 percent were bowel-incontinent. About 33.4 percent of residents were continent of bladder, and a similar proportion (34.4 percent) were bladder-incontinent. (*CDC National Nursing Home Survey: 2004 Overview*, pg 4)

### Medical Diagnoses

- Diseases of the circulatory system were the leading primary diagnoses among nursing home residents at admission (23.7 percent) and at the time of interview (25 percent). (*CDC National Nursing Home Survey: 2004 Overview*, pg 4)
- Mental disorders were the second leading primary diagnoses among residents at admission (16.4 percent), as well as at the time of interview (21.9 percent). This represents an increase over the 1999 estimate, when 18.2 percent of nursing home residents had a primary diagnosis for a mental disorder at the time of interview. (*CDC National Nursing Home Survey: 2004 Overview*, pg 4)
- Fourteen percent of residents had a primary admission diagnosis for diseases of the nervous system and sense organs, and 16.5 percent had that primary diagnosis at the time of interview. (*CDC National Nursing Home Survey: 2004 Overview*, pg 4-5)

### Hospitalization and Emergency Department Use

- About 5.3 percent of male residents had both a hospitalization and an ED visit in the 90 days prior to the facility interview, compared with 4 percent of female residents. (*CDC National Nursing Home Survey: 2004 Overview*, pg 5)
- About 6.8 percent of nursing home residents had at least one hospitalization requiring an overnight stay in the 90 days prior to the interview. (*CDC National Nursing Home Survey: 2004 Overview*, pg 5)
- About 8.2 percent of nursing home residents had at least one ED visit in the 90 days prior to the interview. (*CDC National Nursing Home Survey: 2004 Overview*, pg 5)
- In the 90 days prior to the interview, 2.5 percent of nursing home residents had one or more hospitalizations only (and no ED visits), 3.9 percent had one or more ED visits only (and no hospitalizations), and 4.4 percent had both at least one ED visit and at least one hospitalization. (*CDC National Nursing Home Survey: 2004 Overview*, pg 5)

### Medications

- About 47.9 percent of all nursing home residents were reported to have taken nine or more medications the day before the facility interview. (*CDC National Nursing Home Survey: 2004 Overview*, pg 5)



- The percent distribution by the number of medications used was similar for male and female residents: 13.2 percent of males and 13 percent of females took one to four medications; 37.2 percent of males and 37 percent of females took five to eight medications; and 47.1 percent of males and 48.2 percent of females took nine or more medications. (*CDC National Nursing Home Survey: 2004 Overview*, pg 5)
- A smaller percentage of residents aged 85 years and older took nine or more medications the day before the interview (43.6 percent), compared with the three younger age groups: 48.7 percent of those under age 65 years; 53.1 percent of those aged 65–74 years; and 51.9 percent of those aged 75–84 years. (*CDC National Nursing Home Survey: 2004 Overview*, pg 5)

### Pain and Falls

- About 22.7 percent of nursing home residents had reported pain in the 7 days prior to the facility interview.
- For those residents reporting pain, the most common pain management strategy was a PRN (as-needed) order for pain medication (78.7 percent), followed by a standing order for pain medication (49.8 percent), use of a nonpharmacological pain management method (29.3 percent), and other strategies ( 5 percent). (*CDC National Nursing Home Survey: 2004 Overview*, pg 5)
- About 33.9 percent of all residents had at least one reported fall in the 180 days prior to the interview, and 8.9 percent of residents had fallen in the 30 days prior to the interview only (*CDC National Nursing Home Survey: 2004 Overview*, pg 5)
- Residents aged 65 years and older (35.3 percent) were more likely than those under age 65 (22.4 percent) to have fallen in the 180 days prior to the interview. (*CDC National Nursing Home Survey: 2004 Overview*, pg 5)

### Advance Directives

- About 65.3 percent of nursing home residents had some kind of advance directive, and 24.3 percent had more than one type of advance directive. (*CDC National Nursing Home Survey: 2004 Overview*, pg 5)
- The most common type of advance directive was a do-not-resuscitate order (55.9 percent of residents), followed by a living will (18.2 percent), feeding restrictions (10.4 percent), other treatment restrictions (9.4 percent), a do-not hospitalize order (3.5 percent), and Latino nursing home residents were aged 85 years and older, compared with 46.1 percent of their not Hispanic or Latino counterparts. A similar pattern held by race: black residents were twice as likely as nonblack residents to be under age 65 years (21.9 percent versus 10

percent) and were less likely to be aged 85 years and older (30.2 percent versus 47.7 percent). (*CDC National Nursing Home Survey: 2004 Overview*, pg 5-6)

### **Continuing Care Retirement Communities**

- There were 1,861 continuing care retirement communities (CCRCs) in the United States in 2009. More than half had fewer than 250 units, while the rest have 250 units or more. Approximately 18 CCRCs have 1,000 units or more. (*Ziegler National CCRC Listing and Profile, 2009*, Ziegler Capital Markets, pg 78.)
- CCRCs are located in 48 states and the District of Columbia. Only Alaska and Wyoming do not have any CCRCs. States with more than 100 CCRCs each are Pennsylvania, Ohio, California, Illinois and Florida. (*Ziegler National CCRC Listing and Profile, 2009*, Ziegler Capital Markets, pg 79, 101)
- The average age of residents entering CCRCs is approximately 78 years of age. (*CCRC Profile, 2005*, American Association of Homes and Services for the Aging and American Seniors Housing Association)
- Of the 1,861 CCRCs in the United States, 82% are not-for-profit and 18% are for-profit. (*Ziegler National CCRC Listing and Profile, 2009*, Ziegler Capital Markets, pg 83)
- Nearly every CCRC is developed by a person or group of people who come together with a common goal and mission. Not-for-profit CCRCs fit into one of these major categories: faith-based, fraternal, military, ethnic, community or none. (*Ziegler National CCRC Listing and Profile, 2009*, Ziegler Capital Markets, pg 84)

### **Assisted Living**

- A general population survey found that people would prefer to be cared for in an assisted living facility over a nursing home if they needed twenty-four hour care, by a margin of six to one. (*Sizing Up the Market for Assisted Living*, David Stevenson & David Grabowski, Health Affairs, January 2010, vol. 29, pg 35)
- Industry surveys by Genworth Financial put the average annual cost of assisted living care at \$34,000 in 2009, compared to \$74,000 per year for a semi-private room in a nursing home. (*Sizing Up the Market for Assisted Living*, David Stevenson & David Grabowski, Health Affairs, January 2010, vol. 29, pg 36)
- There is no single regulatory or licensure category for assisted living facilities, which makes it difficult to estimate the industry's actual size. With this caveat, one recent study estimated that there were approximately 38,000 assisted living facilities and 975,000 units nationwide in 2007. In contrast the nursing home industry had approximately 16,100 facilities and 1.7 million beds nationwide in 2004. (*Sizing Up the Market for Assisted Living*, David Stevenson & David Grabowski, Health Affairs, January 2010, vol. 29, pg 36)

- Nationally, there were 11,276 assisted living facilities with 839,746 units nationwide (74 units per facility) in 2007. (*Sizing Up the Market for Assisted Living*, David Stevenson & David Grabowski, Health Affairs, January 2010, vol. 29, pg 37)
- Penetration for long term care insurance among people ages 45-65 was greater in states with higher assisted living penetration (10 percent and 5.5 percent across the highest and lowest quartiles, respectively). States with higher assisted living penetration also spend a greater portion of their Medicaid long term care dollar on home and community based services (44.4 percent) than do states with lower penetration (31.2 percent). (*Sizing Up the Market for Assisted Living*, David Stevenson & David Grabowski, Health Affairs, January 2010, vol. 29, pg 37-40)
- Assisted living facilities nationally are disproportionately located in areas with higher educational attainment, income and housing wealth. The median home value in the highest-penetration areas is more than 40 percent higher than in counties with no assisted living facilities (\$98,500 and \$69,600 respectively). (*Sizing Up the Market for Assisted Living*, David Stevenson & David Grabowski, Health Affairs, January 2010, vol. 29, pg 41)
- National average assisted living base rates increased by 3.3 percent, from \$3,031 monthly or \$36,372 annually in 2008, to \$3,131 monthly or \$37,572 annually in 2009. (*The 2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs*, pg 4)
- The average age of an assisted living resident is 86.9 years old, and the average length of stay in assisted living is approximately 28.3 months. (*The 2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs*, pg 7)

### **Hospice Care**

- Medicare beneficiaries receiving hospice services at home differ considerably from those receiving hospice care in nursing homes. In comparison to Medicare home hospice users, institutionalized Medicare hospice users are older (mean age 85 versus 80), more likely to be eligible for both Medicare and Medicaid (51 percent versus 17 percent), and more likely to be female (73 percent versus 55 percent). (*A New Medicare End-of-Life Benefit for Nursing Home Residents*, Haiden Huskamp, David Stevenson, Michael Chernew & Joseph Newhouse, Health Affairs, January 2010, vol. 29, pg 131)
- On average, 81.0% of hospice care only agencies' patient care revenues were from Medicare, while a much lower percentage was reported for mixed agencies (65.7%). Compared with hospice care only agencies (6.7%), a higher percentage of mixed agencies' (10.3%) patient care revenues were from Medicaid. Payments with private health insurance accounted for 17.1% of mixed agencies' total patient care revenues, while only 5.1% of hospice care only agencies' revenues were more private health insurance. (*Comparison of Home Health and Hospice Care Agencies by Organizational Characteristics and Services Provided: United States, 2007*, National Health Statistics Report, Number 30, Nov. 9, 2010)

## **Home Care Services**

- About three-quarters (73 percent) of the home health care agencies surveyed provide Alzheimer's training to their employees, and almost all (98 percent) agencies surveyed do not charge an additional fee for patients with Alzheimer's. About one-quarter (27 percent) of the agencies surveyed have a 24-hour or live-in rate. (*The 2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs*, pg 10)
- In 2008, (28.1 percent) of personal and home care aides were women over 55. ((*The Direct Care Worker at a Glance*, PHI , 2010 <http://phinational.org/wp-content/uploads/2010/02/PHI-Direct-Care@Glance-2.10.pdf>)

## **Adult Day Services**

- Adult day services national average daily rates increased by 4.7 percent from \$64 in 2008 to \$67 in 2009. (*The 2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs*, pg 5)

## **Payment Source, Costs and Spending for Long-term Services and Supports**

- It is not unusual for nursing home residents to have more than one source of payment for their care, which results in their being counted in more than one category. At admission, most residents had private sources (42 percent) reported as a payment source, followed by Medicare (36.4 percent) and Medicaid (34.8 percent). However, at the time of interview, residents using Medicare as a source, or expected source, of payment dropped to 12.7 percent of all current residents. Current residents with reported private sources rose to 66 percent, and those with Medicaid rose to 59.7 percent, at the time of interview. (*CDC National Nursing Home Survey: 2004 Overview*, pg 4)
- Usage of paid helpers hovers at roughly 15 percent below age 60, after which it begins to rise once parents are no longer available and, at higher ages, spouses decline in prevalence as helpers. (*Long Term Care: Who Gets It, Who Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 15)
- Medicare and Medicaid pay for 67 percent of nursing home and home care in the United States. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 27)

- During 2000-06, the rate of skilled nursing facility rehospitalization grew by 29 percent. By 2006, more than one-fifth (23.5 percent) of all hospital discharges to a skilled nursing facility returned directly to the hospital, at a total cost of \$4.34 billion per year to the Medicare program. (*The Revolving Door of Rehospitalization From Skilled Nursing Facilities*, Vincent Mor, Orna Intrator, Zhanlian Feng & David Grabowski, Health Affairs, January 2010, vol. 29, pg 62)
- More than 1.5 million people reside in U.S. nursing homes, at a cost of more than \$120 billion per year. (*Advancing Nursing Home Quality Through Quality Improvement Itself*, Rachel M. Werner & R. Tamara Konetzka, Health Affairs, January 2010, vol. 29, pg 81)
- Upon turning age 65, 43 percent of Americans can expect to spend nothing on long term care during their lifetimes, while 16 percent can expect to spend more than \$100,000. (*The Complementarity of Public & Private Long Term Care Coverage*, David Stevenson, Marc Cohen, Eileen Tell & Brian Burwell, Health Affairs, January 2010, vol. 29, pg 96)
- There are around 8 million private long term care insurance policies in force. Around one in six people age 65 and older, with an annual income greater than \$20,000, have such coverage. (*The Complementarity of Public & Private Long Term Care Coverage*, David Stevenson, Marc Cohen, Eileen Tell & Brian Burwell, Health Affairs, January 2010, vol. 29, pg 97)
- In a study of people who chose not to purchase long term care insurance, 53 percent cited cost as the most important reason. (*The Complementarity of Public & Private Long Term Care Coverage*, David Stevenson, Marc Cohen, Eileen Tell & Brian Burwell, Health Affairs, January 2010, vol. 29, pg 97)
- Nursing home spending reached \$138.4 billion in 2008, decelerating from growth of 5.8 percent in 2007 to 4.6 percent in 2008. Private spending, which accounts for a 38 percent share of total nursing home spending, was a major contributor to the slowdown, as was the deceleration in prices from 4.7 growth in 2007 to 4.0 percent in 2008. public spending for nursing home services grew slightly faster in 2008 as a result of faster Medicaid spending growth. (*Health Spending Growth at a Historic Low in 2008*, Micah Hartman, Anne Martin, Olivia Nuccio, Aaron Catlin & the National Health Expenditure Accounts Team, Health Affairs, January 2010, vol. 29, pg 152)
- Medicaid, which accounted for 41 percent of total nursing home spending in 2008, grew 2.6 percent after relatively low growth rates in 2006 (1.5 percent) and 2007 (0.6 percent) that were influenced by Medicaid enrollment declines for the elderly. (*Health Spending Growth at a Historic Low in 2008*, Micah Hartman, Anne Martin, Olivia Nuccio, Aaron Catlin & the National Health Expenditure Accounts Team, Health Affairs, January 2010, vol. 29, pg 152)
- In 2008 spending growth for home health care services decelerated to 9.0 percent (from 11.8 percent in 2007) to reach \$64.7 billion. The slowdown in growth was due to a deceleration in home health care prices and nonprice factors such as use and intensity, and reflected slower

growth in public payers, such as Medicare and Medicaid, which accounted for nearly 80 percent of total home health spending in 2008. (*Health Spending Growth at a Historic Low in 2008*, Micah Hartman, Anne Martin, Olivia Nuccio, Aaron Catlin & the National Health Expenditure Accounts Team, Health Affairs, January 2010, vol. 29, pg 152)

### Estimated National Long Term Care Spending

- Total annual spending on paid long term care services, delivered either in a recipient's home or in a nursing home is estimated at \$147.4 billion, adjusted for inflation to 2009 dollars. The figure is an approximate estimate of total nursing home spending plus spending for community residents receiving assistance with daily activities, and including other home health services delivered to those individuals. The \$113.7 billion estimate in annual nursing home spending would increase to \$136.2 billion if we were to use the American Community Survey's higher estimate of the nursing home population. Our estimate of \$33.7 billion in non-institutional long term care spending excludes home health services provided to people not receiving assistance with daily activities, estimated at \$11.8 billion. (*Long Term Care: Who Gets It, Who Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 18)
- Non-institutional services account for only 22.9 percent of the \$147.4 billion total. About 13 percent of that total is for services delivered to people within three months of admission to a nursing home following hospitalization. (*Long Term Care: Who Gets It, Who Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 18)
- Some 80.5 percent of total expenditures, or \$118.6 billion in 2009 dollars, goes to people age 65 or older. On the non-institutional side, three quarters of the total is for people with an ADL level of need. More than half is for those with ADL needs who are also getting medical care at home. Among people getting only personal assistance at home, the vast majority (88.7 percent) of funds go to agencies. Only the remaining 11.3 percent go to independent providers, whose typical monthly charges are much less than those of agency providers. Only 0.8 percent of total national long term care spending goes to independent providers of personal assistance alone. (*Long Term Care: Who Gets It, Who Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 18)

### Average Costs for Long-term Services and Supports

- The average daily private room private rate in a nursing home is \$219 daily or \$79,935 annually. (*2009 MetLife Market Survey of Nursing Home & Assisted Living Costs*, Metlife Mature Market Institute, 2009)
- The average daily semi-private room private rate in a nursing home \$198 daily or \$72,270 annually. (*2009 MetLife Market Survey of Nursing Home & Assisted Living Costs*, Metlife Mature Market Institute, 2009)

- The average monthly cost of living in an assisted living facility is \$3,131, or \$37,572 annually. (*2009 MetLife Market Survey of Nursing Home & Assisted Living Costs*, Metlife Mature Market Institute, 2009)
- The national average rate for home health aids in 2009 is \$21 per hour, which mirrors the median rate. (*2009 Metlife Market Survey of Adult Day Services & Home Care Costs*, Metlife Mature Market Institute, 2009)
- For companion/homemakers, the national average rate in 2009 is \$19 per hour. (*2009 Metlife Market Survey of Adult Day Services & Home Care Costs*, Metlife Mature Market Institute, 2009)
- The national average daily rate for adult day centers is \$69. (*2009 MetLife Market Survey of Adult Day Services & Home Care Costs*, MetLife Mature Market Institute, 2009)

### **Medicare and Medicaid in Long-term Services and Supports**

- Most long term care services are provided by informal (unpaid) family caregivers: such people provided assistance to 10-11 million people living at home in 2007. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 22)
- In 2007, of the total \$190.4 billion in estimated spending for nursing home and home health care in the U.S., Medicare paid for 25 percent, Medicaid and other public funds paid for 42 percent, out-of-pocket funds paid for 22 percent, and private insurance and other sources paid for 11 percent (excluding hospital based nursing home spending). (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 22)
- Public policy around long term care has focused on controlling expenditures on nursing homes, because 64 percent of those costs are covered by Medicaid. (*Bridging Troubled Waters: Family Caregivers, Transitions & Long Term Care*, Carol Levine, Deborah Halper, Ariella Peist & David Gould, Health Affairs, January 2010, vol. 29, pg 116)

### **Post-Acute Care & Hospice Services**

- An estimated 4.9 million (15 percent) Medicare beneficiaries received short term postacute services, out of a total of 32 million beneficiaries who used Medicare services in 2007. During 1999-2007, the total number of Medicare beneficiaries grew by 10 percent, but total Medicare spending growth grew by 39 percent. The total number of Medicare beneficiaries grew by 21 percent, while their expenditures increased by 75 percent. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 23)
- 39 percent of institutional recipients used 61 percent of total Medicaid long term care spending in 2006. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 23)

- From 1999 to 2007, the number of Medicare nursing facility users increased by 32 percent, home health users by 15 percent, and hospice users by 110 percent, compared to spending growth rates of 88 percent, 59 percent, and 229 percent respectively. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 23)
- Medicare nursing home spending increased from 23 percent in 1999 of total nursing home spending to 32 percent in 2007, while the Medicare portion of public spending for home health remained about 80 percent during the same period. Home health users made up 63 percent of beneficiaries and 41 percent of expenditures of total Medicare postacute services in 2007. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 23)

#### Medicaid Long Term Care Spending & Participation

- Overall Medicaid spending grew by 48 percent, while total long term care spending grew by 39 percent between 1999 and 2007. Long term care represented about one-third of total Medicaid spending in 2007, which was about the same as in 1999. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 23)
- There was no change in the number of Medicaid institutional participants (residents), while institutional spending increased by 15 percent between 1999 and 2007. (The stagnation in the number of participants reflects a reduction in the use of intermediate care facilities for the developmentally disabled balanced by small growth in nursing facility participants.) (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 23)

#### Trends in Medicaid Home & Community Based Services

- In 2006, almost 2.9 million people received Medicaid home and community based services, including waivers, home health, and personal care. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 24)
- Between 1999 and 2006, the number of participants grew steadily by an average of 6 percent annually. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 24)
- In 2007, total Medicaid spending on home and community based services had risen to \$41.8 billion, representing an increase of about 95 percent over 1999 levels. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 24)
- The number of Medicaid hospice participants rose by three times to 187,000 over the study period, and hospice spending climbed from \$393 million in 1999 to \$1.9 billion in 2007.



*(Medicare and Medicaid in Long Term Care, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 24)*

- While only 10 percent of Medicaid long term care expenditures were for non-institutional services in 1988, that share had risen to 40 percent in 2007. If this trend continues, it is likely that the majority of Medicaid long term care spending will soon be for non-nursing home services. *(The Accumulated Challenges of Long Term Care, David Barton Smith & Zhanlian Feng, Health Affairs, January 2010, vol. 29, pg 32)*
- While the majority of Medicaid long-term care dollars still go toward institutional care, the national percentage of Medicaid spending on HCBS has more than doubled from 19 percent in 1995 to 42 percent in 2008. *(Medicaid Home and Community–Based Service Programs: Data Update, The Henry J. Kaiser Family Foundation, February 2011, pg. 1)*
- There was a slight increase in total participants in Medicaid HCBS programs with more than 2.8 million individuals being served through these programs in 2007. *(Medicaid Home and Community–Based Service Programs: Data Update, The Henry J. Kaiser Family Foundation, February 2011, pg. 2)*
- Overall spending on Medicaid HCBS has more than doubled since 1999 (\$42 billion in 2007 compared to \$17 billion in 1999) *(Medicaid Home and Community–Based Service Programs: Data Update, The Henry J. Kaiser Family Foundation, February 2011, pg. 2)*

#### Variations in Access & Spending Across States

- Rates of participation in Medicaid home and community based services vary widely across the states. *(Medicare and Medicaid in Long Term Care, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 25)*
- In 2006, the average number of participants was 9.59 per 1,000 U.S. population. *(Medicare and Medicaid in Long Term Care, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 25)*
- Iowa had the highest participation rate of 16.8 per 1,000 U.S. population, while Virginia had the lowest rate of 3.21 per 1,000. *(Medicare and Medicaid in Long Term Care, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 25)*
- Average home and community based services spending per capita was \$128 in 2006: New York state had the highest per capita spending (\$384), while Vermont spent only \$42 per capita. *(Medicare and Medicaid in Long Term Care, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 25)*
- Average spending per participant was \$13,320 in 2006, although this ranged from \$4,336 in Vermont to \$33,862 in Rhode Island. *(Medicare and Medicaid in Long Term Care, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 25)*

- Per person spending on Medicaid HCBS averaged \$14,776 in 2007, but there was considerable variation among states and programs. Across the states, expenditures per capita ranged from \$5,805 in Illinois to \$34,894 in Rhode Island. Per person spending also varies across programs, ranging from \$5,995 for home health participants to \$ 23,155 for waiver participants. (*Medicaid Home and Community–Based Service Programs: Data Update*, The Henry J. Kaiser Family Foundation, February 2011, pg. 2)

### Policies in HCBS Programs

- In 2009, all states reported using mechanisms to control costs in HCBS waivers such as restrictive financial and function eligibility standards, enrollment limits, and waiting lists. (*Medicaid Home and Community–Based Service Programs: Data Update*, The Henry J. Kaiser Family Foundation, February 2011, pg. 2)
- In 2009, 39 states reported waiver wait lists totaling 365,553 individuals. This reflects a slight decline (7%) from the previous year, but the average time on a waiting list for waiver services was almost 2 years, with wide variations among programs. (*Medicaid Home and Community–Based Service Programs: Data Update*, The Henry J. Kaiser Family Foundation, February 2011, pg. 2)

### Imbalance in Spending Between Institutional & Community Programs

- Overall home and community based services spending per participant was about \$13,300 in 2006, compared with the average of about \$33,000 for institutional participants in 2006. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 26)
- The average Medicaid nursing home rate was estimated to be \$151 per day, or about \$55,000 annually in 2006. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, 26)
- In spite of the steady growth in home and community based services, participants made up 61 percent of the total long term care population but accounted for only 39 percent of total long term care spending in 2006. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, 26-27)
- Variations in states' home and community based services spending were wide, ranging from Oregon, which spent 32 percent on institutional long term care and 68 percent on home and community based services, to Mississippi, which spent 88 percent on institutional long term care and only 12 percent on home and community based services in 2006. (*Medicare and Medicaid in Long Term Care*, Terence Ng, Charlene Harrington & Martin Kitchener, Health Affairs, January 2010, vol. 29, pg 27)

## **Sources Of Help For The Community Resident Long Term Care Population**

- Family members are far and away the principal providers of assistance to the long term care population living in households. (*Long Term Care: Who Gets It, Who Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 15)
- Only 13 percent of the broadly defined long term care population (or 22.5 percent of the narrowly defined population) use paid helpers in either a primary or secondary role. (*Long Term Care: Who Gets It, Who Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 15)
- Elderly people with broadly defined long term care needs use paid help at more than twice the rate of nonelderly people (18 percent versus 7.8 percent) and people living alone are nearly four times as likely to have paid helpers as those living with relatives (26.2 percent versus 7.1 percent). (*Long Term Care: Who Gets It, Who Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 15)
- The 13 percent of the broadly defined long term care population receiving paid help translates into approximately 1.4 million U.S. adults. (*Long Term Care: Who Gets It, Who Provides It, Who Pays and How Much?*, Stephen Kaye, Charlene Harrington & Mitchell LaPlante, Health Affairs, January 2010, vol. 29, pg 15)

## **Long-term Services and Supports Workforce**

- In 2006, an estimated 2.3 million direct care workers—certified nursing aides, home health care aides, and home care/personal care workers—were providing long term care to older adults in the U.S. (*Improving the Long Term Care Workforce Serving Older Adults*, Robyn Stone & Mary Harahan, Health Affairs, January 2010, vol. 29, pg 110)
- In 2006 approximately 312 registered nurses were employed in long term care settings serving elderly populations. (*Improving the Long Term Care Workforce Serving Older Adults*, Robyn Stone & Mary Harahan, Health Affairs, January 2010, vol. 29, pg 110)
- In 2006 an estimated 297 licensed practical nurses were employed in a range of long term care settings that serve older adults. (*Improving the Long Term Care Workforce Serving Older Adults*, Robyn Stone & Mary Harahan, Health Affairs, January 2010, vol. 29, pg 110)
- In 2006 approximately 36,100-44,200 licensed social workers were employed in long term care. (*Improving the Long Term Care Workforce Serving Older Adults*, Robyn Stone & Mary Harahan, Health Affairs, January 2010, vol. 29, pg 110)
- Of the estimated 173,000 physical therapists in the U.S. in 2006, approximately 40 percent worked in some type of long term care setting. (*Improving the Long Term Care Workforce*

*Serving Older Adults*, Robyn Stone & Mary Harahan, Health Affairs, January 2010, vol. 29, pg 110)

- In the U.S., an estimated 34 million family caregivers, the majority of them women, provide 75-80 percent of long term care in the community; the estimated value of their unpaid labor is \$375 billion a year—an unpaid contribution not calculated in the costs of long term or health care. (*Bridging Troubled Waters: Family Caregivers, Transitions & Long Term Care*, Carol Levine, Deborah Halper, Ariella Peist & David Gould, Health Affairs, January 2010, vol. 29, pg 116)
- By 2016, according to the Paraprofessional Healthcare Institute, nearly two-thirds of direct care workers will be employed in home and community settings. (Public policy around long term care has focused on controlling expenditures on nursing homes, because 64 percent of those costs are covered by Medicaid. (*The Faces of Home Care*, Howard Gleckman Gould, Health Affairs, January 2010, vol. 29, pg 125)
- The estimated lost productivity of working caregivers was determined to be \$17.1 billion-\$33.6 billion per year in 2002/2003, and 2.4 percent of caregiving employees left the workforce entirely in 2004. (*End of Life: A Workplace Issue*, J. Brent Pawlecki, Health Affairs, January 2010, vol. 29, pg 141)
- The 2009 national average hourly rate for home health aides increased by 5.0 percent from \$20 in 2008 to \$21 in 2009. (*The 2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs*, pg 4)
- In 2008, the average direct care worker was 42 years old. (*The Direct Care Worker at a Glance*, PHI , 2010 <http://phinational.org/wp-content/uploads/2010/02/PHI-Direct-Care@Glance-2.10.pdf>)
- Women over 55 are projected to become 30 percent of the nation's direct-care workforce by 2018 (*The Direct Care Worker at a Glance*, PHI , 2010 <http://phinational.org/wp-content/uploads/2010/02/PHI-Direct-Care@Glance-2.10.pdf>)
- In 2008, the median hourly wage for all direct-care workers was \$10.42, which is significantly less than \$15.57, the median wage for all U.S. workers. ((*The Direct Care Worker at a Glance*, PHI , 2010 <http://phinational.org/wp-content/uploads/2010/02/PHI-Direct-Care@Glance-2.10.pdf>)
- The national average hourly rate for homemaker/companions increased by 5.6 percent from \$18 in 2008 to \$19 in 2009. (*The 2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs*, pg 4)

### **Caregiving and Long-term Services and Supports**

- An estimated 44.4 million Americans or more than 1 in 5 (21 percent) adults in the U.S. provide unpaid care to another adult age 18 or older. (National Alliance for Caregiving and AARP (April 2004) *Caregiving in the U.S. National Alliance for Caregiving*, Bethesda, MD and AARP, Washington, D.C.)
- Ninety percent of individuals receive care at home get help from family and friends, and 80% rely solely on these individuals for assistance. (*Retooling for an Aging America: Building the Health Care Workforce*, Institute of Medicine of the National Academies, Washington, D.C., 2008)
- Most adults receiving long-term care at home-78 percent-rely exclusively on family and friends to provide assistance (Thomson, L. (2004). *Long-Term Care: Support for Family Caregivers*. Issue Brief. LTC Financing Project, Georgetown University: Washington, D.C.)
- Sixty one percent of informal caregivers are female (National Alliance for Caregiving and AARP (April 2004) *Caregiving in the U.S. National Alliance for Caregiving*, Bethesda, MD and AARP, Washington, D.C.)
- In 1995 (the most recent data available), 2.29 million Americans over 55 provided care for a family member with significant functional limitations and/or a developmental disability in their homes. (*Characteristics of Aging Caregivers in the NHIS-D*, Research and Training Center on Community Living, University of Minnesota, 2000.)
- A National Alliance for Caregiving/Evercare Study found that average time a caregiver spends helping a care recipient was 35.4 hours a week. More than half (52 percent) had been providing care for three or more years and 32 percent had been providing care for more than 5 years. (*Family Caregivers – What They Spend, What They Sacrifice*, Evercare/National Caregiving Alliance, 2007)
- About one in ten (11%) caregivers report that caregiving has caused their physical health to get worse. (*How Do Family Caregivers Fare? A Closer Look at Their Experiences*. (Data Profile, Number 3). Washington, DC: Georgetown University 2005)

- In 2005, three-fifths of caregivers reported fair or poor health status, one or more chronic conditions, or a disability, compared with one-third of noncaregivers. (Ho, A., Collins, S., Davis, K. & Doty, M. *A Look at Working-Age Caregivers Roles, Health Concerns, and Need for Support* (Issue Brief). New York, NY: The Commonwealth Fund. 2005)
- Elderly spousal caregivers (aged 66-96) who experience caregiving-related stress have a 63% higher mortality rate than noncaregivers of the same age. (Schulz, R. & Beach, S. *Caregiving as a risk factor for mortality: The Caregiver Health Effects Study, JAMA*, 282: 2215-2219. 1999)
- A study from the National Association of Caregivers says the costs of home care average more than \$5,500 a year — \$400 more than the average household spends on health care and entertainment combined. (*Family Caregivers – What They Spend, What They Sacrifice*, Evercare/National Caregiving Alliance, 2007)
- When the aging relative lives in another city, the costs run even higher. On average, long-distance caregivers spend nearly \$9,000 a year. (*Family Caregivers – What They Spend, What They Sacrifice*, Evercare/National Caregiving Alliance, 2007)
- A total of 16 percent of the employed caregivers involved in caregiving were required to reduce their time at work from full-time to part-time. (Metlife Mature Market Institute and National Alliance for Caregiving, *MetLife Caregiving Cost Study: Productivity Losses to U.S. Business*, July 2006)
- Informal caregivers make up approximately 13 percent of the workforce. (Wagner, D. and Neal, M., "*Working Caregivers: Issues, Challenges and Opportunities for the Aging Network*". National Family Caregivers Support Program, Program Development Issues Briefs, Administration on Aging, DHHS, 2002)
- Businesses in America lose as much as \$33.6 billion in annual revenue because of employees' need to care for older loved ones. (Metlife Mature Market Institute and National Alliance for Caregiving, *MetLife Caregiving Cost Study: Productivity Losses to U.S. Business*, July 2006)
- The average cost per employee for all fulltime, employed caregivers is \$2,110. (Metlife Mature Market Institute and National Alliance for Caregiving, *MetLife Caregiving Cost Study: Productivity Losses to U.S. Business*, July 2006)
- Each year, 168,252 employees (67,301 men and 100,951 women) leave their jobs because of their caregiving responsibilities. (Metlife Mature Market Institute and National Alliance for Caregiving, *MetLife Caregiving Cost Study: Productivity Losses to U.S. Business*, July 2006)
- Every year, businesses pay more than \$3.6 billion to replace male employees and \$2.8 billion to replace female employees who leave their jobs because of caregiving responsibilities. It costs an average of \$413 to replace each employee. (Metlife Mature

Market Institute and National Alliance for Caregiving, *MetLife Caregiving Cost Study: Productivity Losses to U.S. Business*, July 2006)

- The annual cost of employee absenteeism because of caregiving responsibilities is more than \$5 billion, or \$320 per employee. (MetLife Mature Market Institute and National Alliance for Caregiving, *MetLife Caregiving Cost Study: Productivity Losses to U.S. Business*, July 2006)

### **Aging**

- There are 37.9 million people age 65 and older in the United States as of July 1, 2007. This age group accounted for 13 percent of the total population. Between 2006 and 2007, this age group increased by 635,000 people. (*U.S. Census Bureau: Older Americans Month: May 2009*)
- The projected population of people age 65 and older in 2050 is 88.5 million. People in this age group would comprise 20 percent of the total population at that time. (*U.S. Census Bureau: Older Americans Month: May 2009*)
- Of those age 65 and older in 2007, 74 percent have at least a high school diploma. (*U.S. Census Bureau: Older Americans Month: May 2009*)
- Of those age 65 and older in 2007, 19 percent had earned a bachelor's degree or higher. (*U.S. Census Bureau: Older Americans Month: May 2009*)
- There are 7.3 million people 66 and older taking adult education courses in 2004-05, comprising about 8 percent of these students. (*U.S. Census Bureau: Older Americans Month: May 2009*)
- There are 54 percent of people 65 and older who were married in 2007. (*U.S. Census Bureau: Older Americans Month: May 2009*)
- There are 31 percent of people 65 and older in 2007 who were widowed. (*U.S. Census Bureau: Older Americans Month: May 2009*)
- There are 65 percent of people 65 and older in 2007 who lived with relatives. Another 27 percent lived alone, while 5 percent lived in group quarters and 2 percent in a household with nonrelatives. In addition, 6 percent lived in their children's home. (*U.S. Census Bureau: Older Americans Month: May 2009*)

### **Technology**

- Essentially all (99.6%) of nursing homes in the United States have electronic information systems (EIS) in 2004. Nearly 43% of nursing homes have EIS for medical records. ("Use of Electronic Information Systems in Nursing Homes: United States, 2004", *JAMIA*, March/April 2009, pg 179)

- EIS use in nursing homes ranged from a high of 79.6% for admission, transfer and discharge to a low to 17% for daily care by certified nursing assistants (CNAs). (“Use of Electronic Information Systems in Nursing Homes: United States, 2004”, *JAMIA*, March/April 2009, pg 179)
- Not-for-profit and for-profit nursing homes had similar uses for EIS, except not-for-profit facilities used EIS more than for-profits for laboratory (45.4% vs. 38.9%) and human resources/personnel information (65.8% vs. 54.3%) and less often for dietary information (46.4% vs. 54.3%). (“Use of Electronic Information Systems in Nursing Homes: United States, 2004”, *JAMIA*, March/April 2009, pg 181)
- Nursing homes belonging to a chain had greater use of electronic information systems than freestanding facilities for admissions/discharge/transfer, dietary, billing and daily personal care by nursing assistants. (“Use of Electronic Information Systems in Nursing Homes: United States, 2004”, *JAMIA*, March/April 2009, pg 181)



