

Long Term Services and Supports: Changes Sweep the Nation

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Goals

- Highlight national trends in how and where older adults get long term services and supports.
- Emphasize changes across settings and the national context for Arkansas.
- Challenge interdisciplinary critical thinking about the future of what older adults need and how we can be part of the solutions.

In a Bob Hope Lifetime, We Have Changed

- 30 years more of longevity is good, not bad news.
- Older adults are a natural resource--maybe our only growing natural resource.
- “Vital Aging” includes social connections as well as physical and mental health.
- The “care” solutions we created over the past 50 years are not what we ourselves desire.
- How can we open our professional mindsets to true paradigm changes?

Drivers of Change

- Advocates pushing for Home and Community-Based Care
- States seeking to manage costs to support more people
- State and community innovations leading the way

National Policy

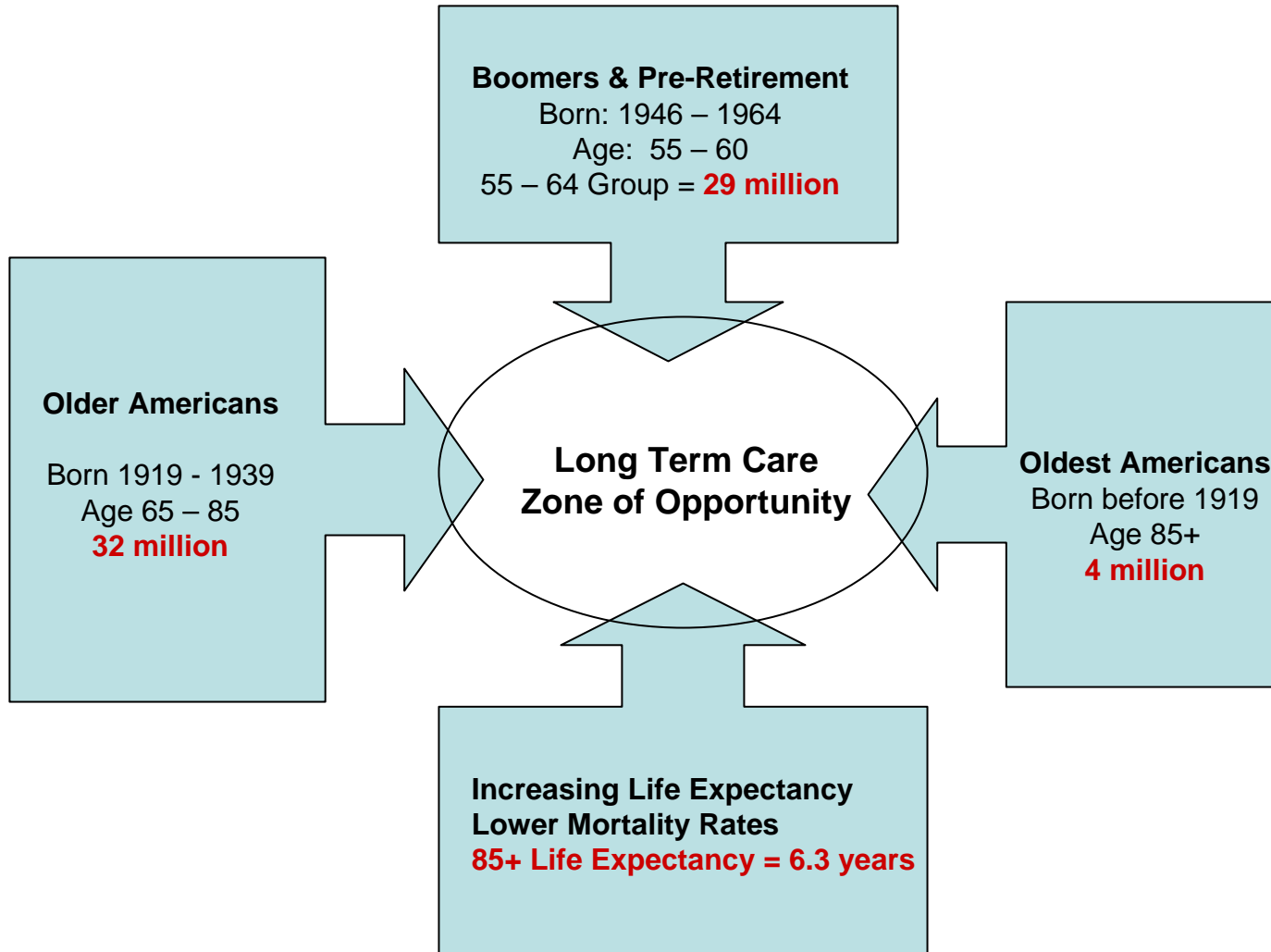
For the first time ever, the Centers for Medicare & Medicaid Services (CMS) and the Administration on Aging (AOA) are partnering...

and they are prodding the states to do more to help people live in their homes and communities.

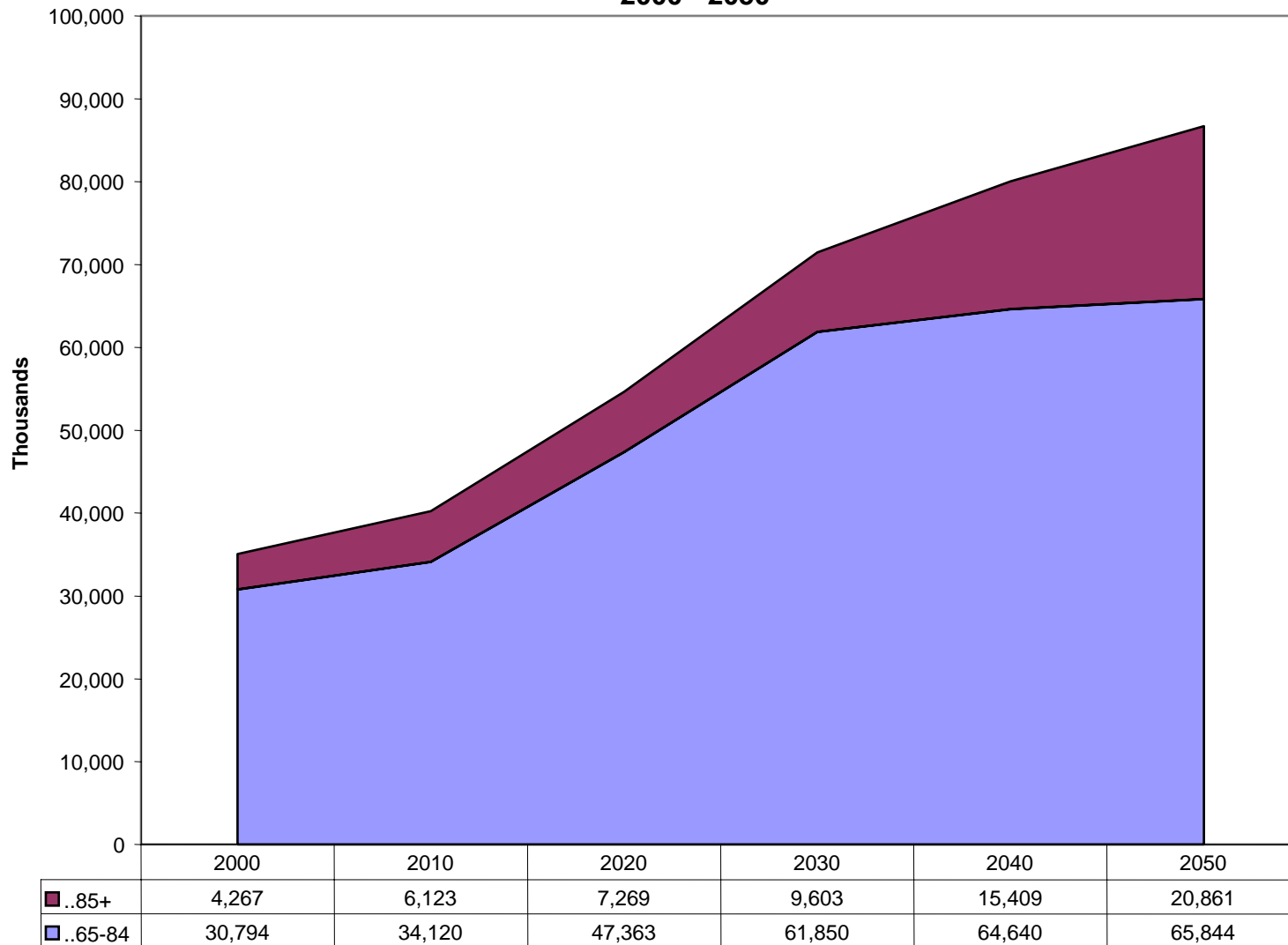
Change...Around the Country

- Nursing home occupancy dropping
- Baby Boomers who need care outside of home will want different kind of nursing home
- Demands for high quality, flexible services that are responsive to consumer's direction
- Providers challenged to respond to changing market

Convergence of Population Trends

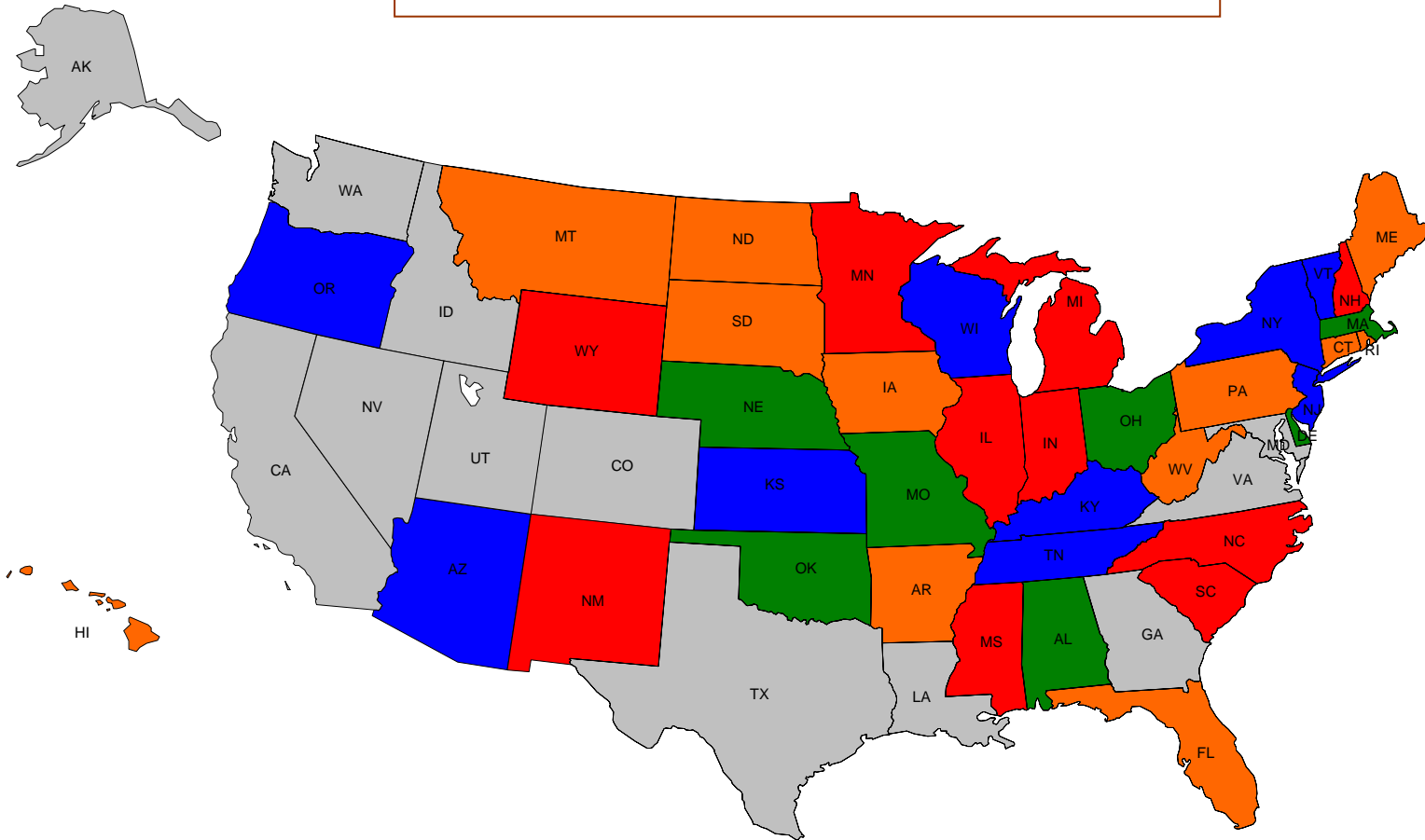


Population Projection of Persons Age 65 - 84 & 85 Years and Older: 2000 - 2050



Adapted from U.S. Census Bureau, 2004 **"U.S. Interim Projections by Age, Sex, and Internet Release Date: March 18, 2004.** Available at <http://www.census.gov/ipc/www/usinterimproj/>. Found on April 6, 2006.

65+ Percent of Total Population for
50 States based on 2003 Population Estimates



- 13.5% to 17.0% (12)
- 13.1% to 13.4% (7)
- 12.4% to 13.0% (9)
- 11.8% to 12.3% (10)
- 6.2% to 11.7% (12)

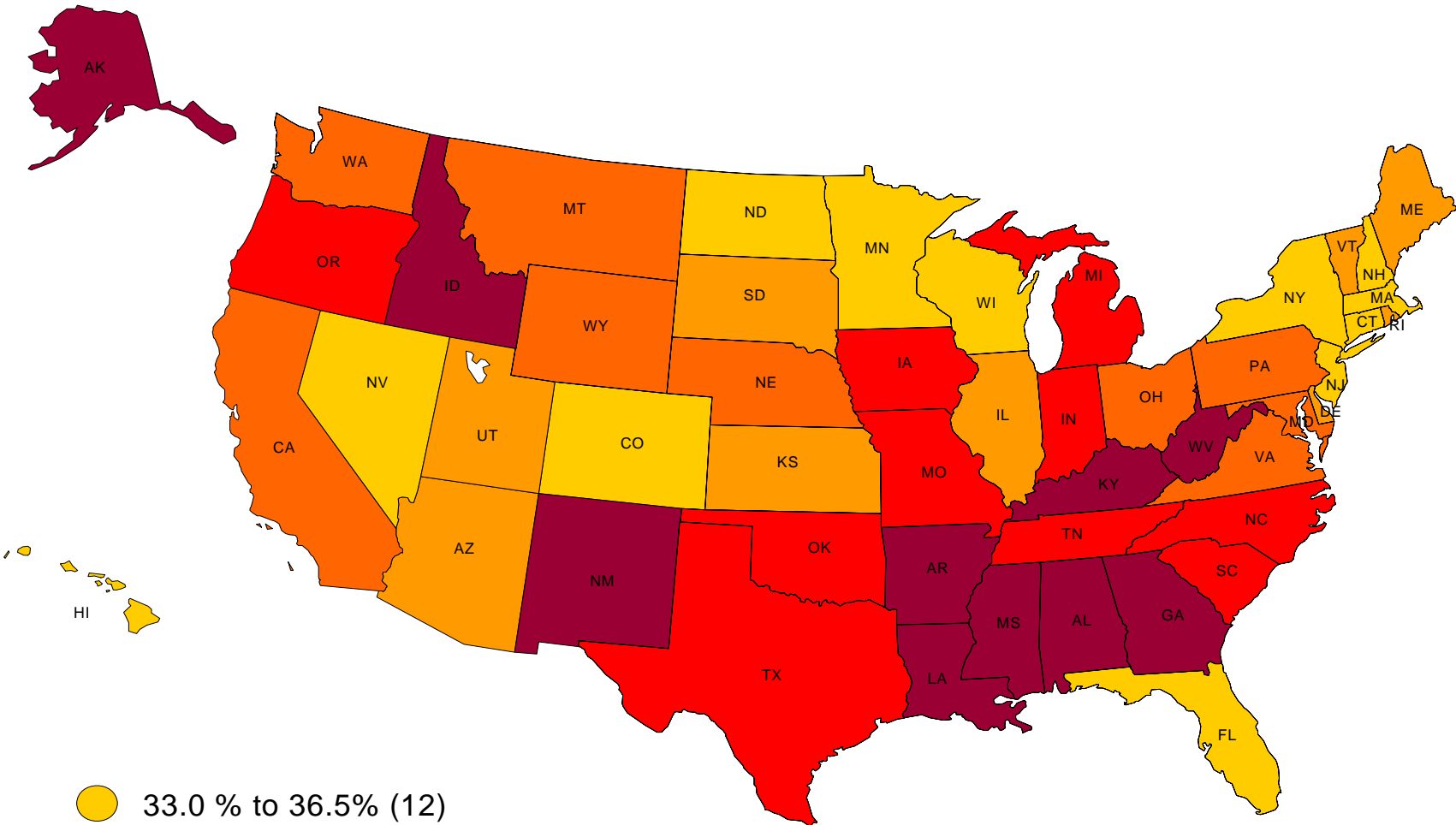
Source: US Census Bureau, Census Population Estimates. Table compiled by the U.S. Administration on Aging.

Highest Concentrations of Seniors Age 65 & Over by State

State	Rank		Percentage of State Population	
	2000	2025	2000	2025
Florida	1	1	17.6	26.3
Pennsylvania	2	17	15.6	21.0
West Virginia	3	2	15.3	24.9
Iowa	4	7	14.9	22.6
North Dakota	5	6	14.7	22.8
Rhode Island	6	34	14.5	18.8
Maine	7	12	14.4	21.4
South Dakota	8	9	14.3	21.7
Arkansas	9	5	14.0	23.9
Connecticut	10	38	13.8	17.9

Source: National Governors Assn. Center for Best Practices, 2004

% of 65+ People by State with a Disability
(sensory, physical mental or emotional condition)



- 33.0 % to 36.5% (12)
- 36.4 % to 38.4% (9)
- 38.5 % to 39.4% (9)
- 39.5 % to 44.4% (10)
- 44.5 % to 52.1% (10)

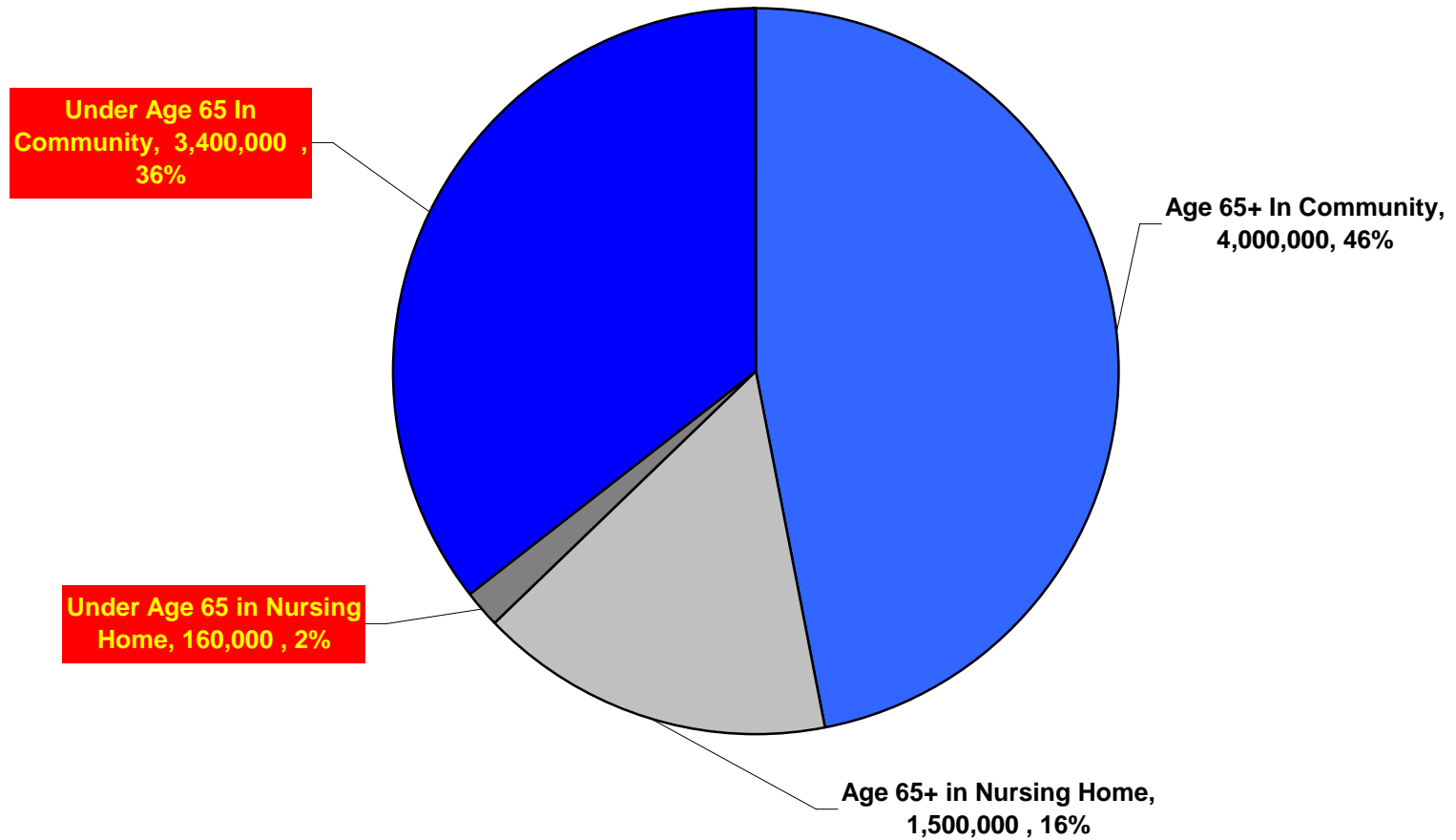
Source: U.S. Census Bureau. Adapted from Report R1803. Data from 2004 American Community Survey.

Current “System” of Care

- Care organized in past 50 years: “Medical Model” and “Provider-Centered”?
- Challenged to become “Person Centered”, “Consultative”, and “Community Based”
- Data organized by LTC setting
- Nursing Homes, Assisted Living, Home Health/Care

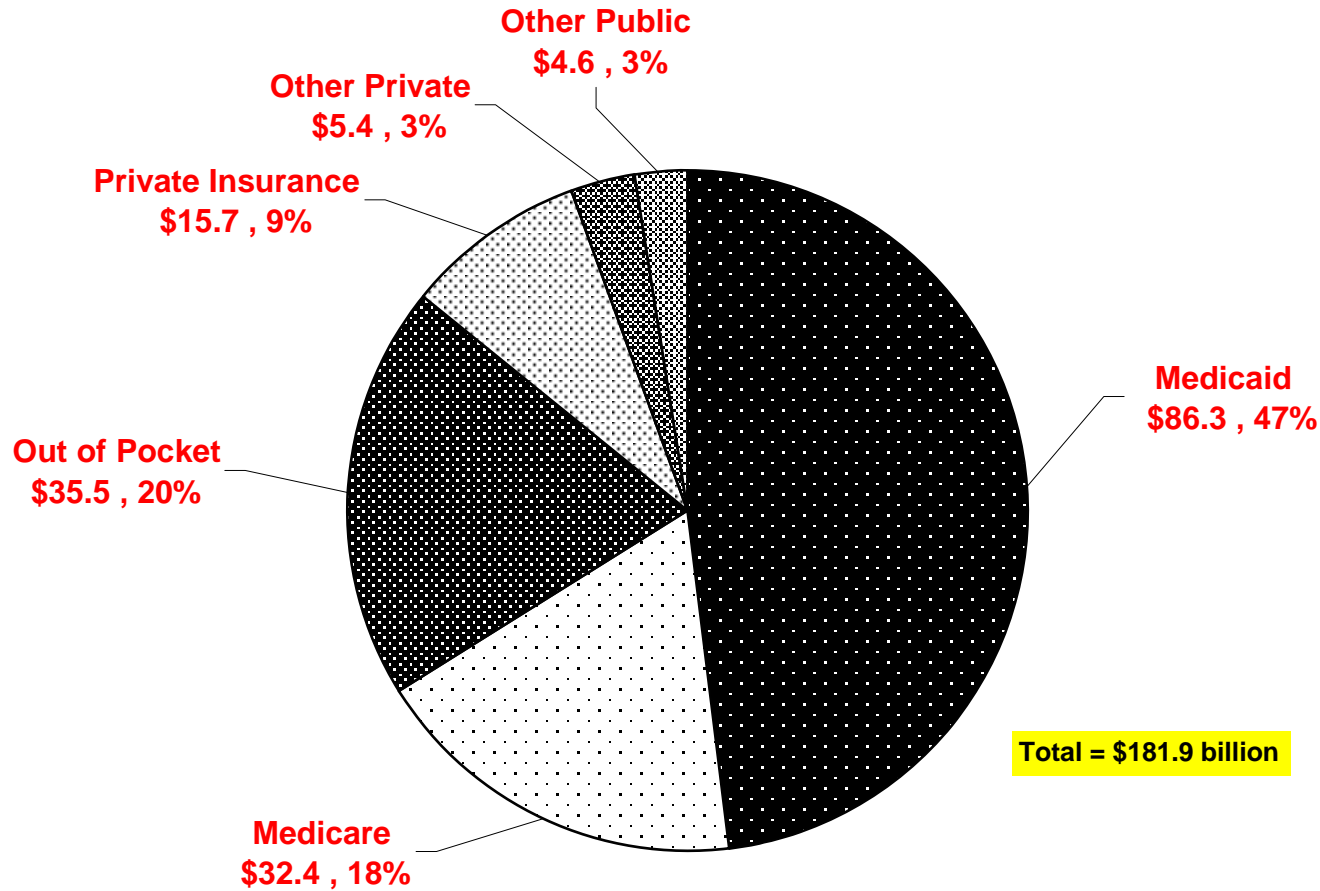
People With Long Term Care Needs -- 2000

Total _ 9.5 Million

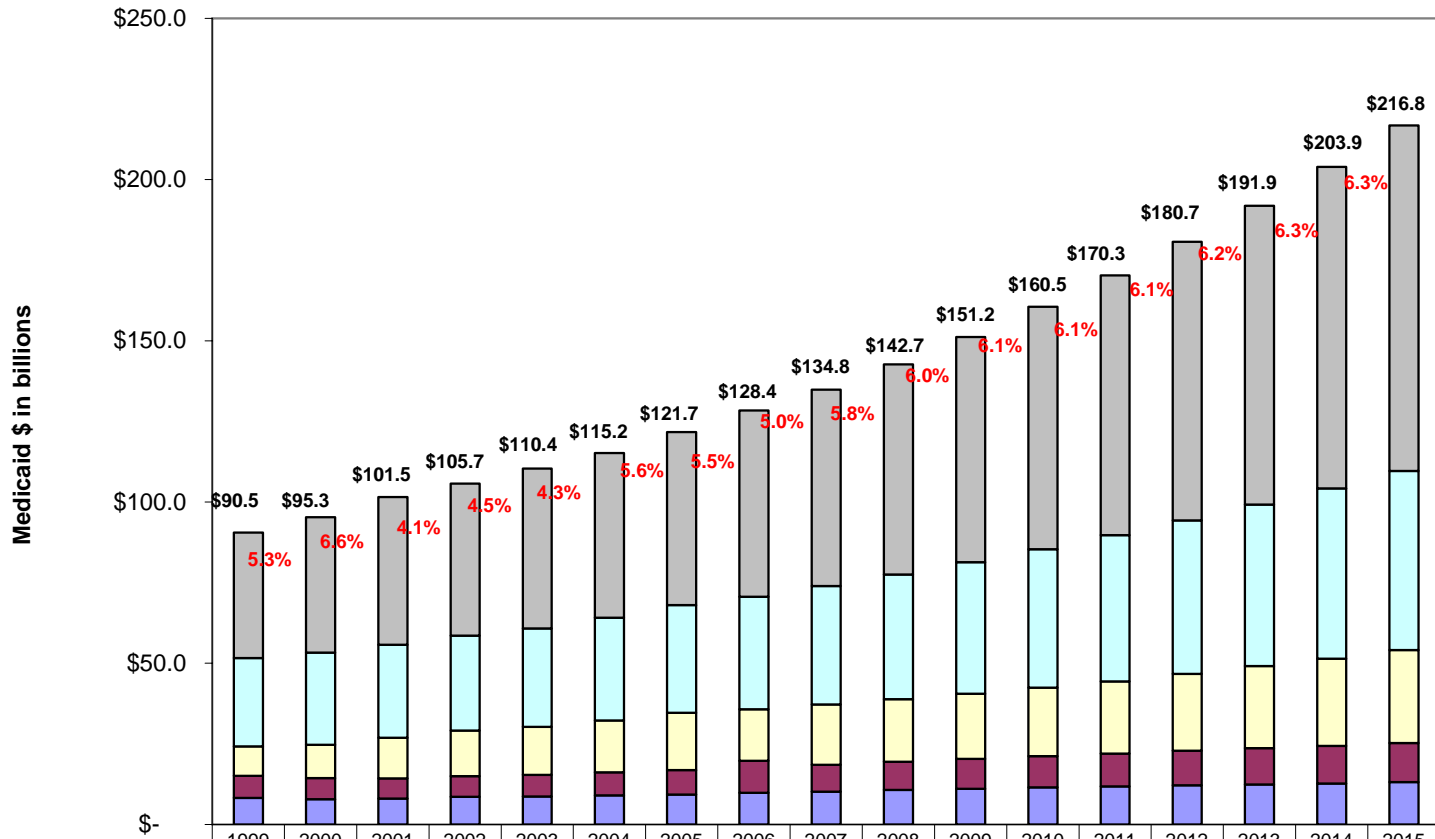


Source: O'Brien. (2005) Long Term Care Understanding Medicaid's Role for the Elderly and Disabled

**National Spending on Long-Term Care, 2003
(\$ in Billions)**



Nursing Home Care Expenditures by Payment Source: (1999 – 2015)



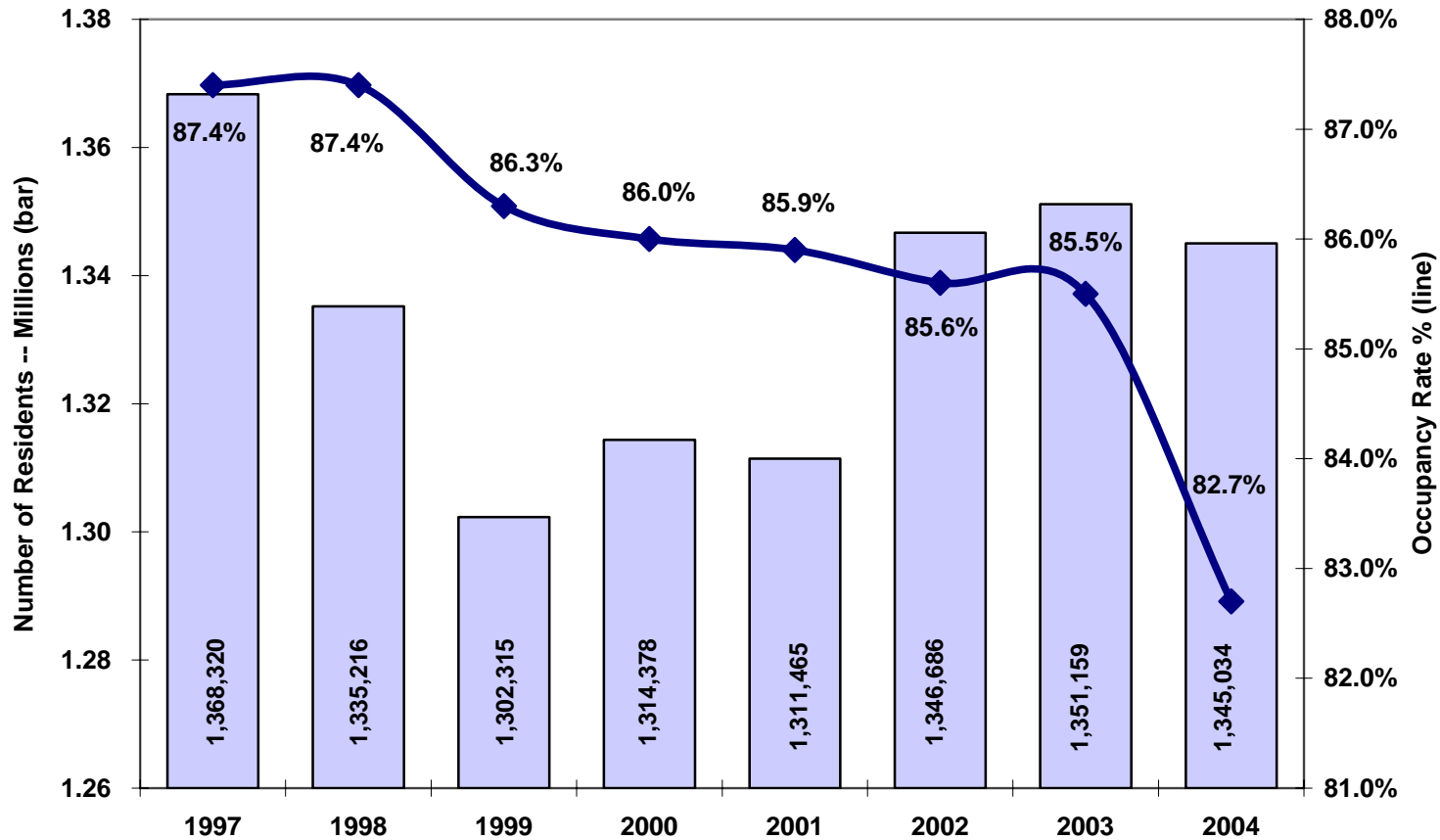
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Medicaid	\$38.9	\$42.0	\$45.8	\$47.1	\$49.6	\$51.1	\$53.7	\$57.8	\$60.9	\$65.2	\$69.9	\$75.1	\$80.6	\$86.4	\$92.7	\$99.7	\$107.2
Out of Pocket Payments	\$27.4	\$28.6	\$28.8	\$29.5	\$30.5	\$31.9	\$33.4	\$34.9	\$36.7	\$38.7	\$40.8	\$43.0	\$45.3	\$47.6	\$50.1	\$52.8	\$55.5
Medicare	\$9.1	\$10.3	\$12.6	\$14.1	\$14.9	\$16.0	\$17.7	\$16.0	\$18.7	\$19.3	\$20.1	\$21.2	\$22.4	\$23.8	\$25.4	\$27.0	\$28.8
Other Funds (Private & Public)	\$6.9	\$6.5	\$6.3	\$6.4	\$6.7	\$7.2	\$7.6	\$9.9	\$8.3	\$8.8	\$9.3	\$9.7	\$10.2	\$10.8	\$11.3	\$11.7	\$12.2
Private Health Insurance	\$8.2	\$7.9	\$8.0	\$8.6	\$8.7	\$9.0	\$9.3	\$9.8	\$10.2	\$10.7	\$11.1	\$11.5	\$11.8	\$12.1	\$12.4	\$12.7	\$13.1

Source: CMS' Office of the Actuary, National Health Care Expenditures Projections 2005 – 2015, Table 13 Nursing Home Care Expenditures, Selected Calendar Years 1999 to 2015.

Available at <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/proj2005.pdf> . Accessed on April 19, 2006.

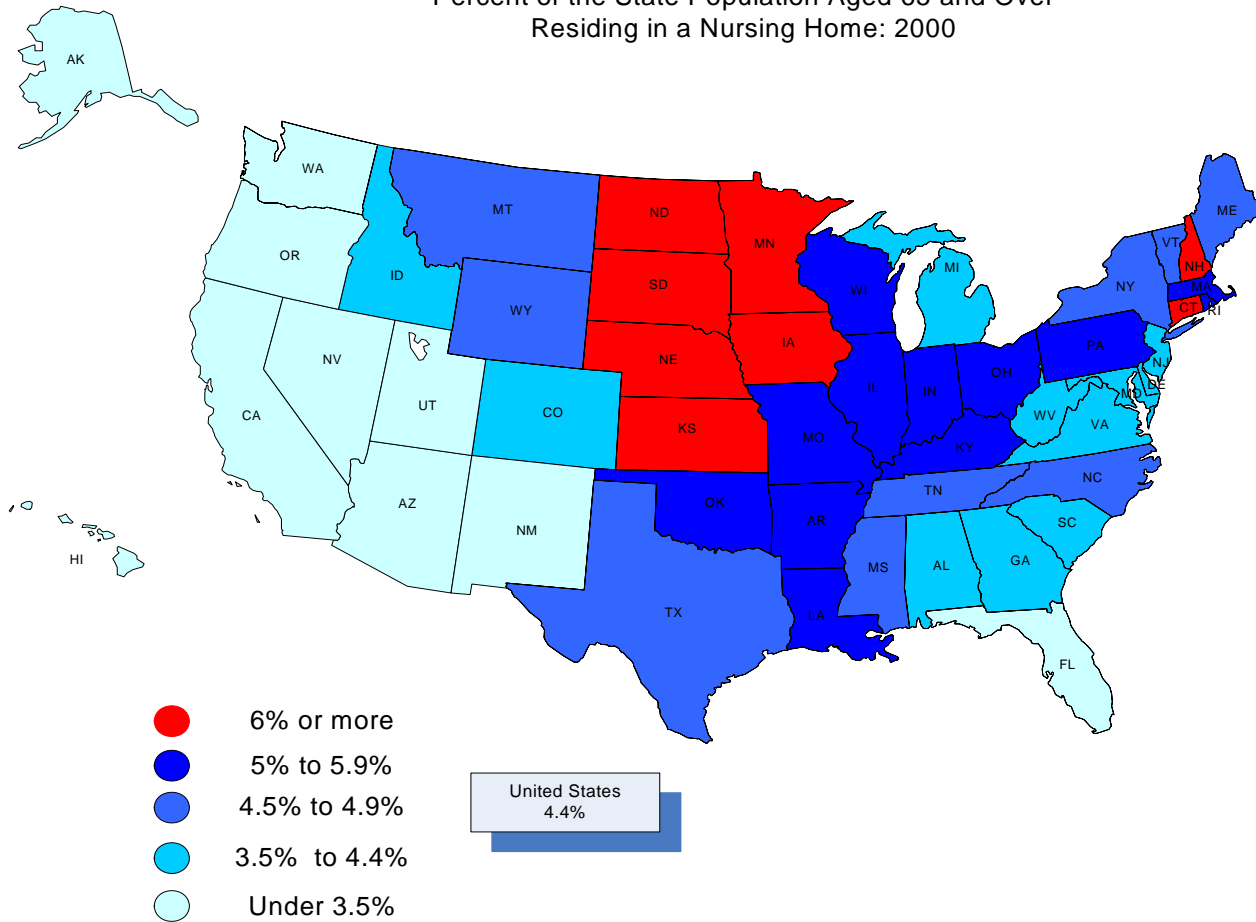
Number of Facilities and Occupancy Rates (1997 – 2005)

Figure 2-3



Harrington C, Carrillo H, Crawford CS. Nursing Facilities, Staffing, Residents, and Facility Deficiencies, 1998 Through 2004. August 2005. Available at: www.nccnhr.org. Found on April 10, 2006.

Percent of the State Population Aged 65 and Over
Residing in a Nursing Home: 2000



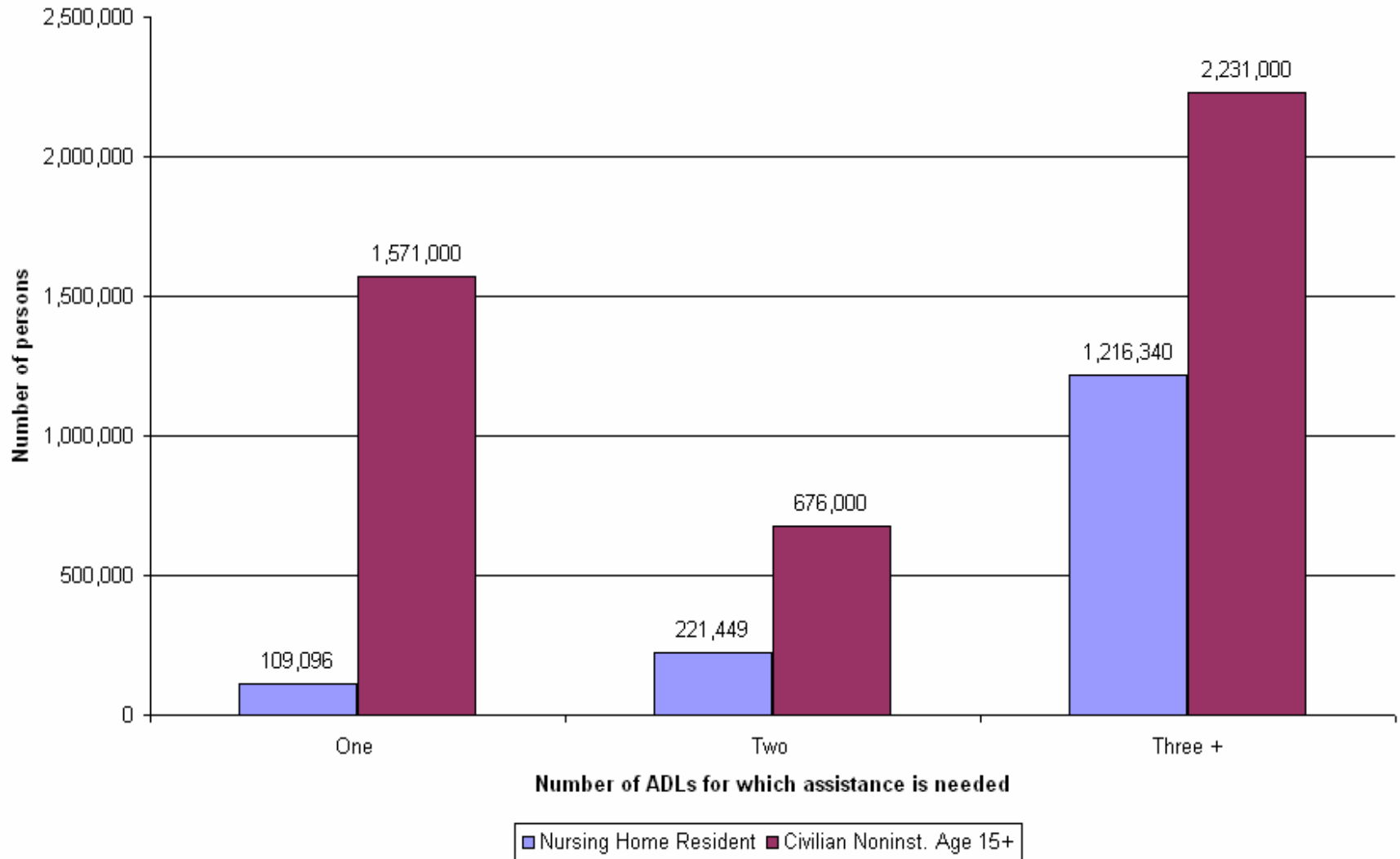
Source: Adapted from 2000 U.S. Census Bureau, Table P12 and Census 2000 Nursing Home Highlights found in 65+ in the United States, 2005 page 163

“Institutional Bias”

- “People in nursing homes today are too frail to live in the community. Only a few of them can really leave.”
- Fact: For every person in a nursing home who needs assistance with 3 or more activities of daily living, there are 1.83 people living in the community who have the same level of disability.

Comparison of Nursing Home Residents with Noninstitutional Population

Sources: 1999 National Nursing Home Survey; 2002 Survey of Income and Program Participation



For Every Person in A Nursing Home...

- There are “disability twins” in the community (together, they are actually triplets).
- Oregon serves 77% of those who “should” be served in a nursing home in their homes and communities.
- It is not about the disability or frailty, it is about the available supports and public policy.

People in Nursing Homes Need Information about LTC Options

- Crucial for consumers, their families and the professionals who collaborate with them.
- People enter a nursing home for many reasons; many can leave.
- Without information and help, many people in nursing homes cannot make an informed decision about where to receive services outside of an institution.

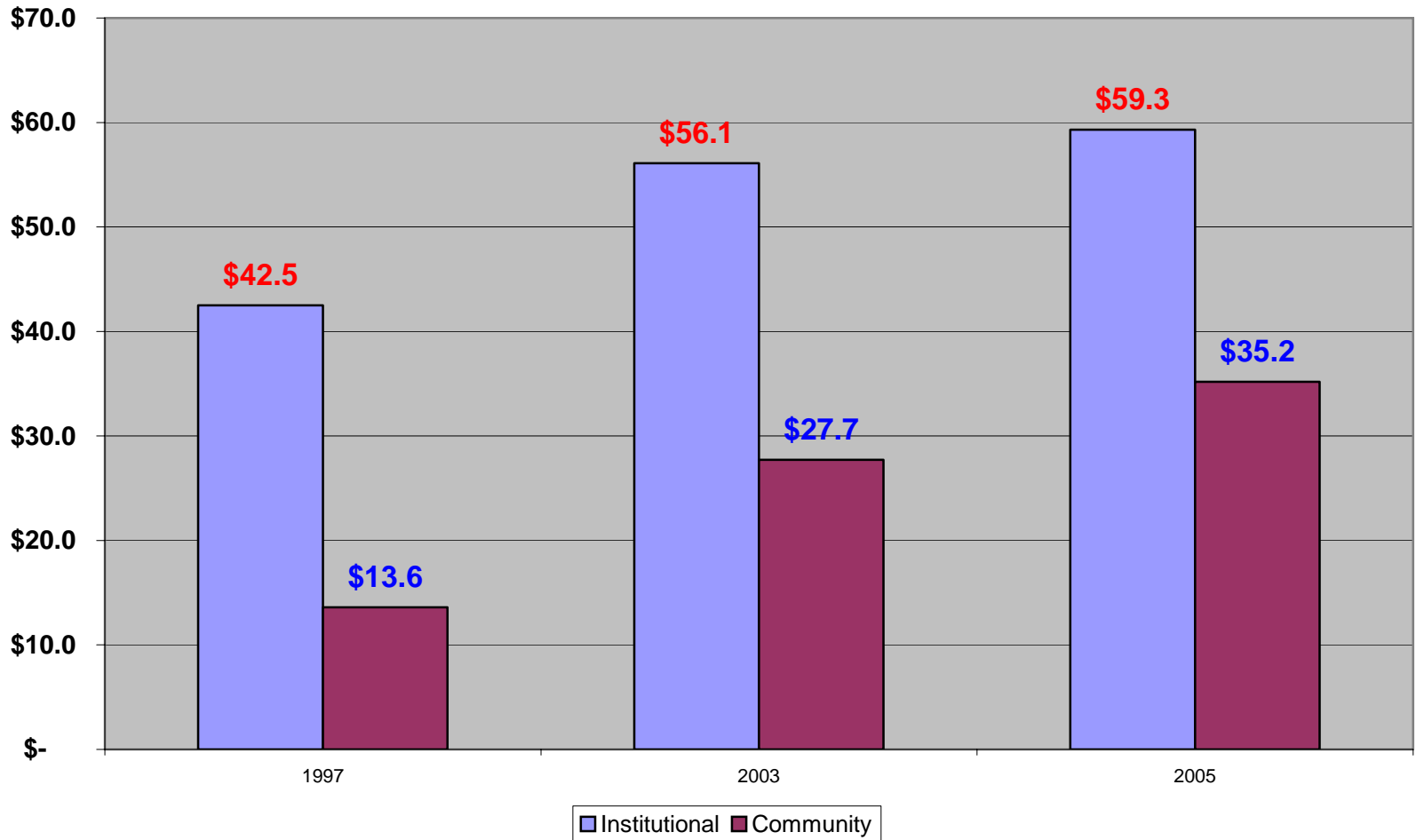
States are either Leading or Following...but most are Moving

- Listening to older adults and people with disabilities.
- Balancing public dollars spent on long term care (living).
- Informing people about their options.
- Emphasizing the “critical pathways” to a nursing home admission.
- Assertively reaching out to people in nursing homes to help them return home.

Financing

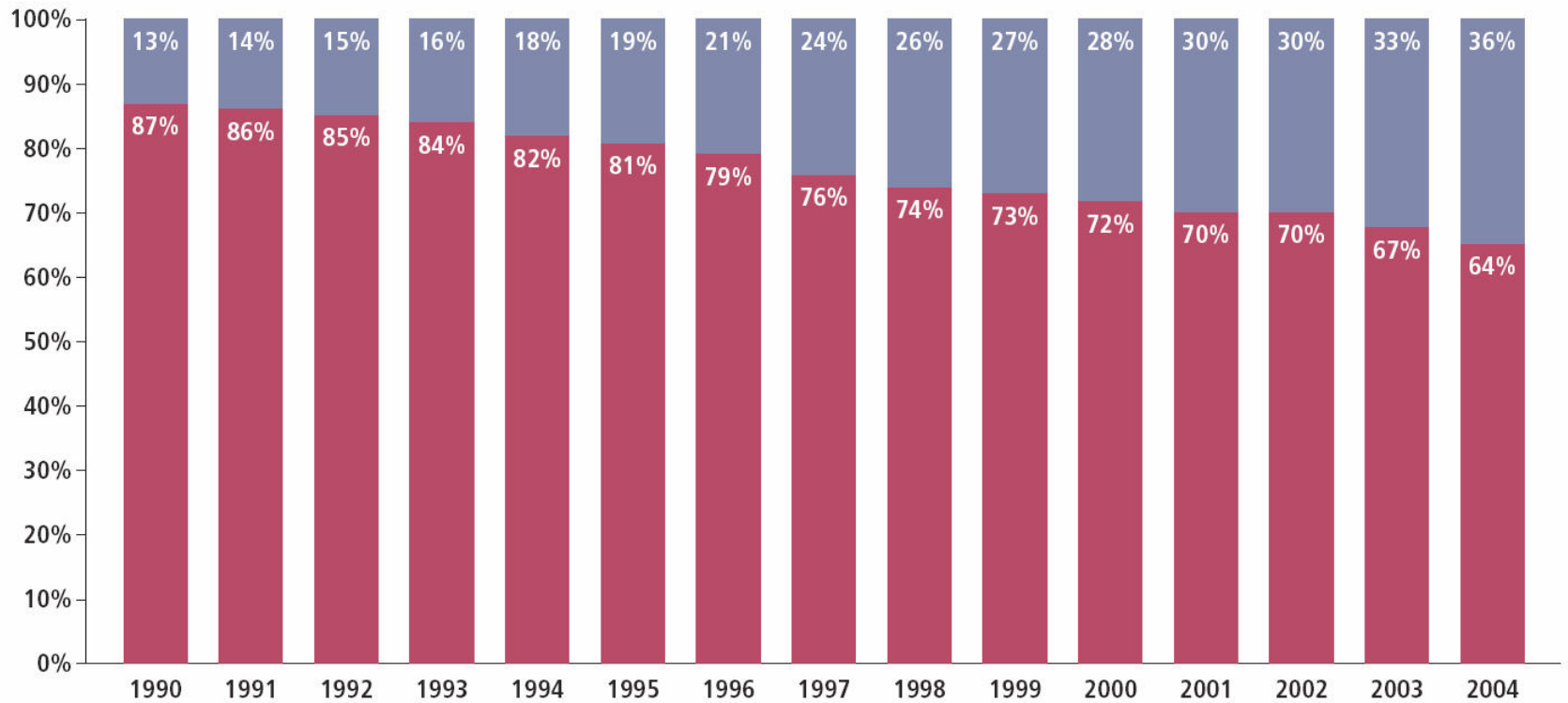
- Money Follows the Person = financing for services and supports moves with the person to the most appropriate and preferred setting.
 - Global budgeting
 - Texas MFP
 - \$1.75 billion CMS demonstration starting
- Rebalancing = reduced reliance on institutional options, increased community options.

Spending balance (billions)



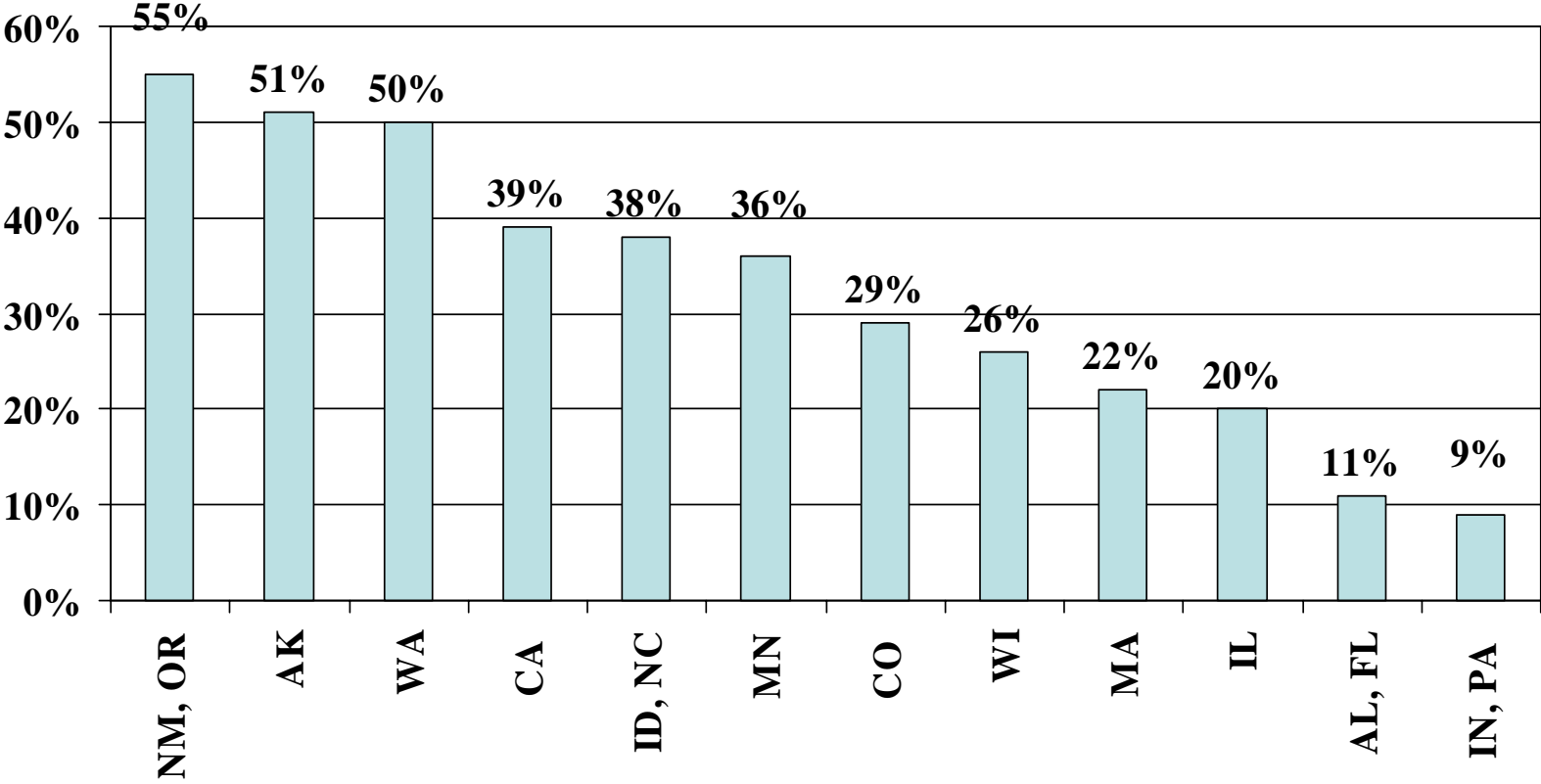
Source: Burwell, B., Sredl, K., & Eiken, S. (2006, July). Medicaid Long Term Care Expenditures FY 2005

Percentage Distribution of Medicaid Long-Term Care Expenditures by Community-Based Services and Institutional Care, 2004



Sources: Burwell, 2005

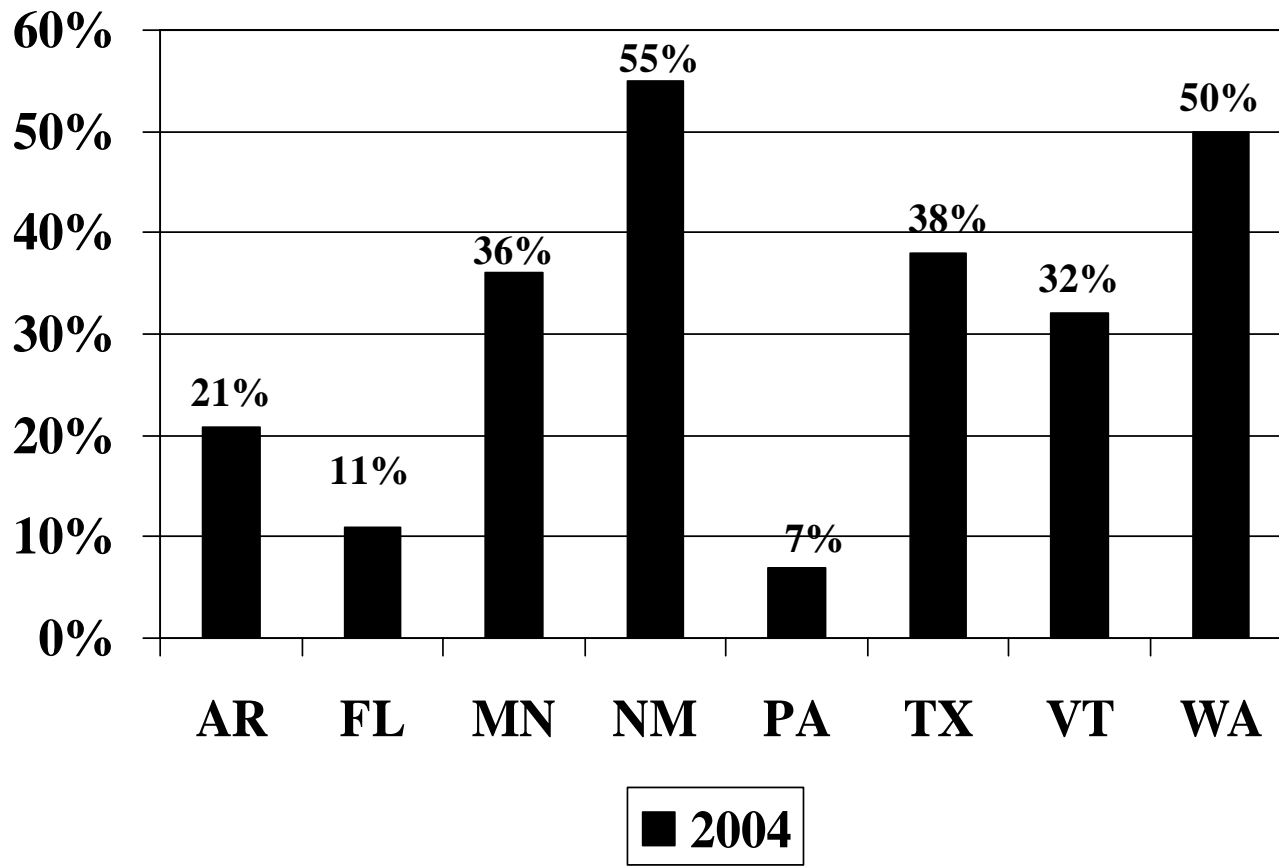
Medicaid Spending Balance 2004: Elders and adults with disabilities



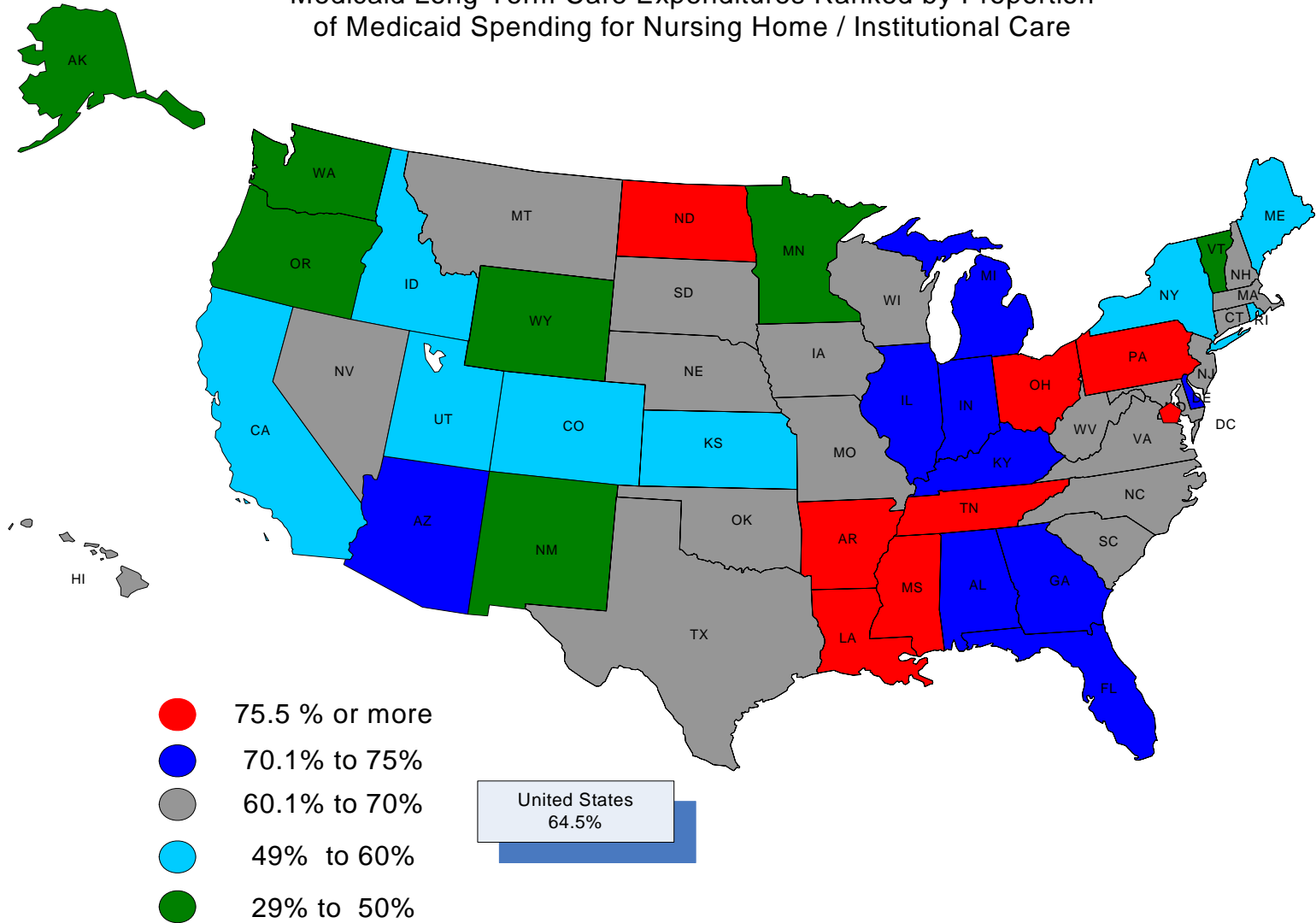
2004

Does not include some state plan services, state general revenue, OAA and other programs

Balancing Study States



Medicaid Long-Term Care Expenditures Ranked by Proportion of Medicaid Spending for Nursing Home / Institutional Care

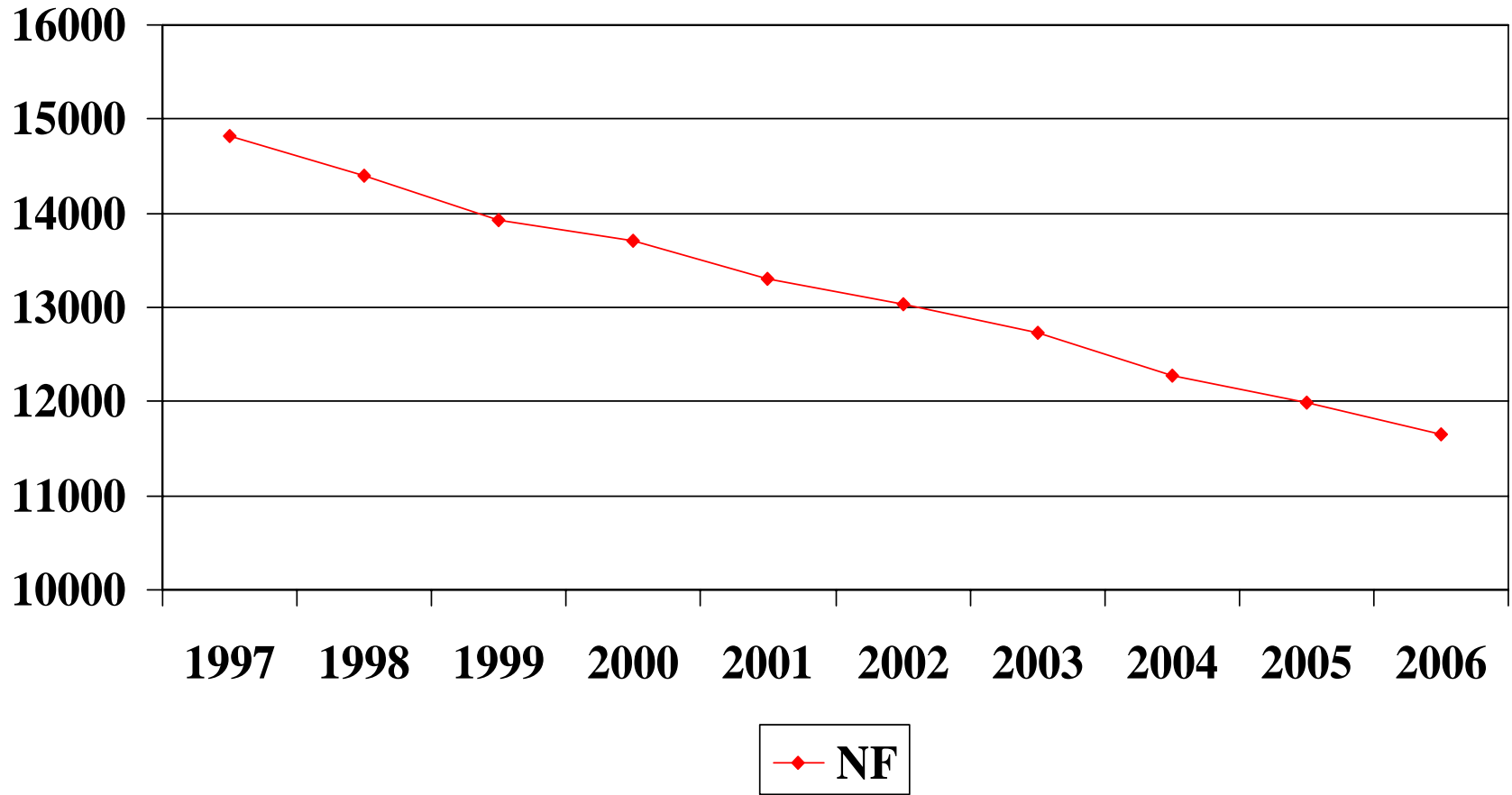


Source: Adapted from O'Brien, E., "Long-Term Care: Understanding Medicaid's Role for the Elderly and Disabled, November 2005, The Kaiser Foundation

Washington: A Pioneer

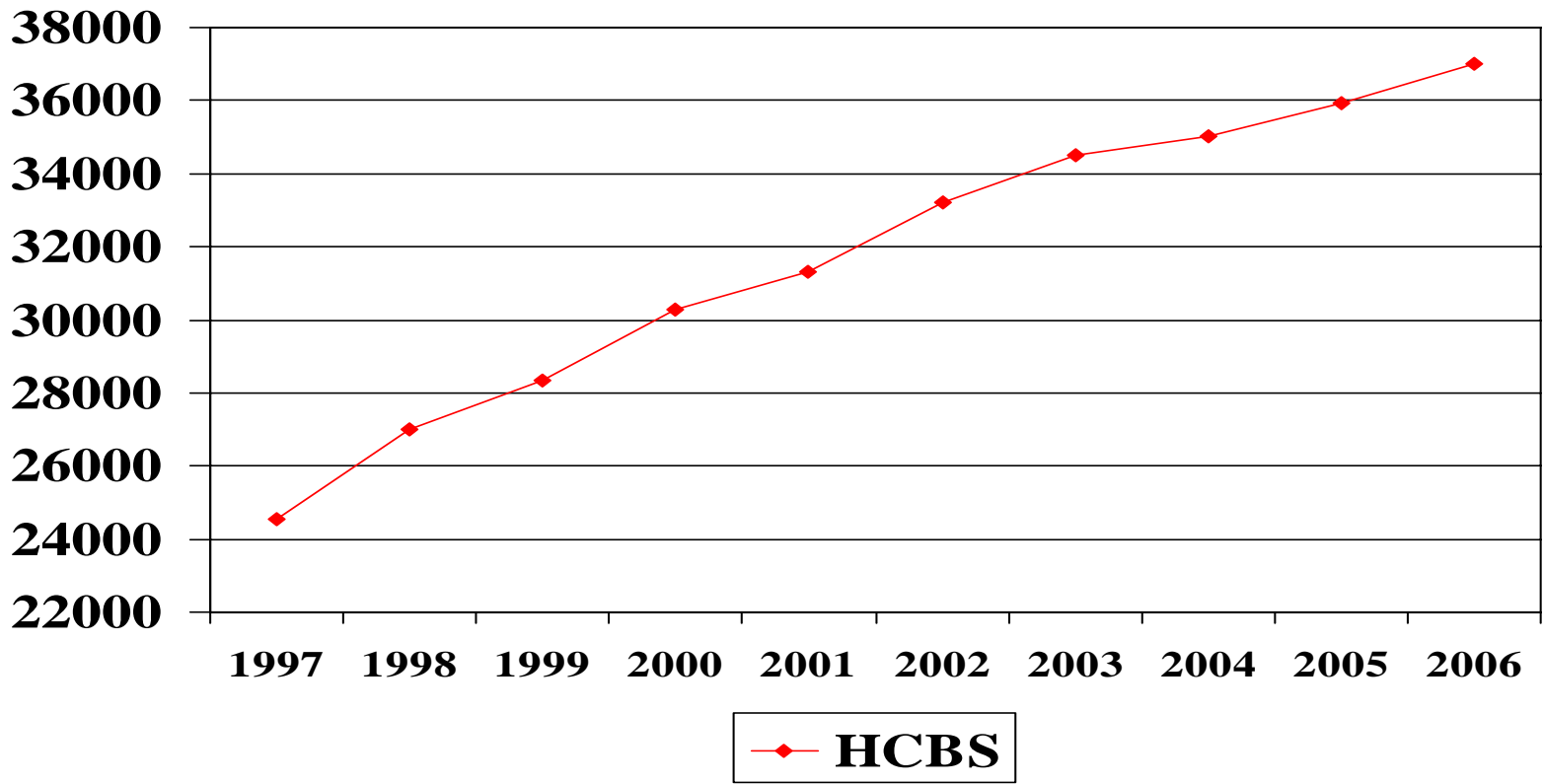
- **1993 legislature approves relocation of 750 nursing home clients to HCBS**
- **Nurse delegation legislation**
- **Global budget provides significant management flexibility**
- **Caseload Forecasting Council**
- **NH caseload is falling while HCBS absorbs growth in service demand**

Washington: NF Caseload Trends



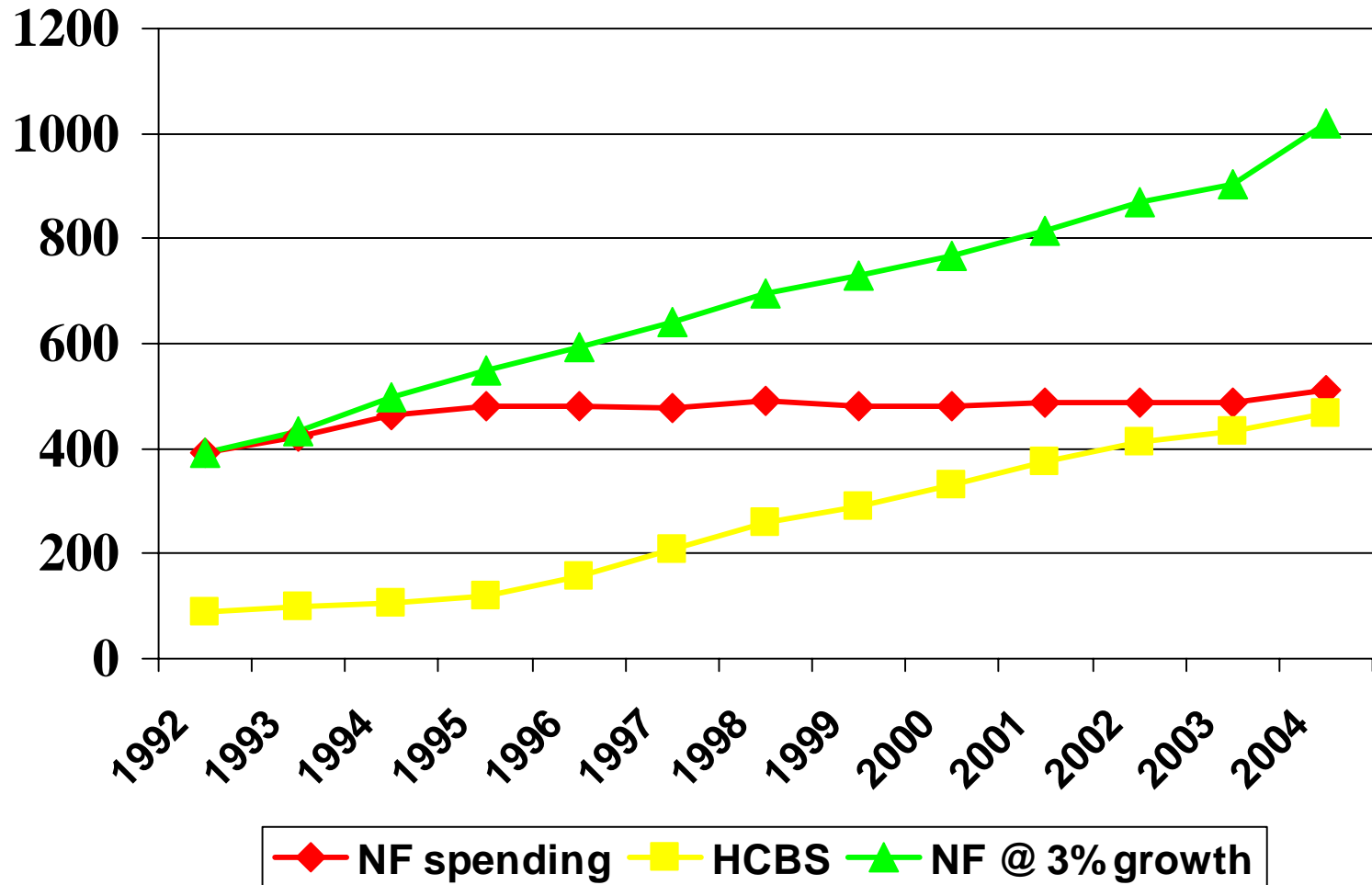
Figures for July each year

Washington: HCBS Trends

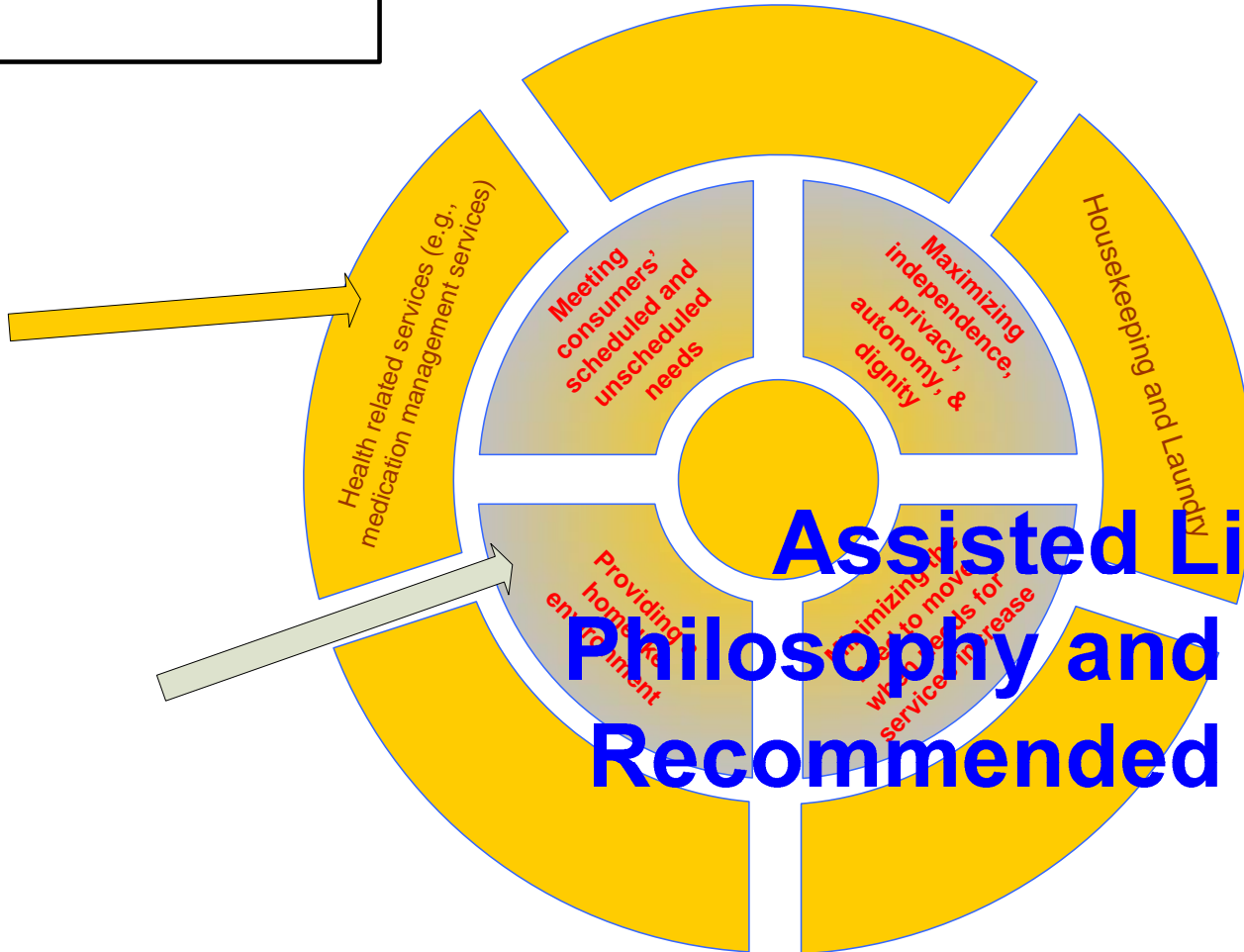


Figures for July each year

Washington LTC Spending trends (millions)

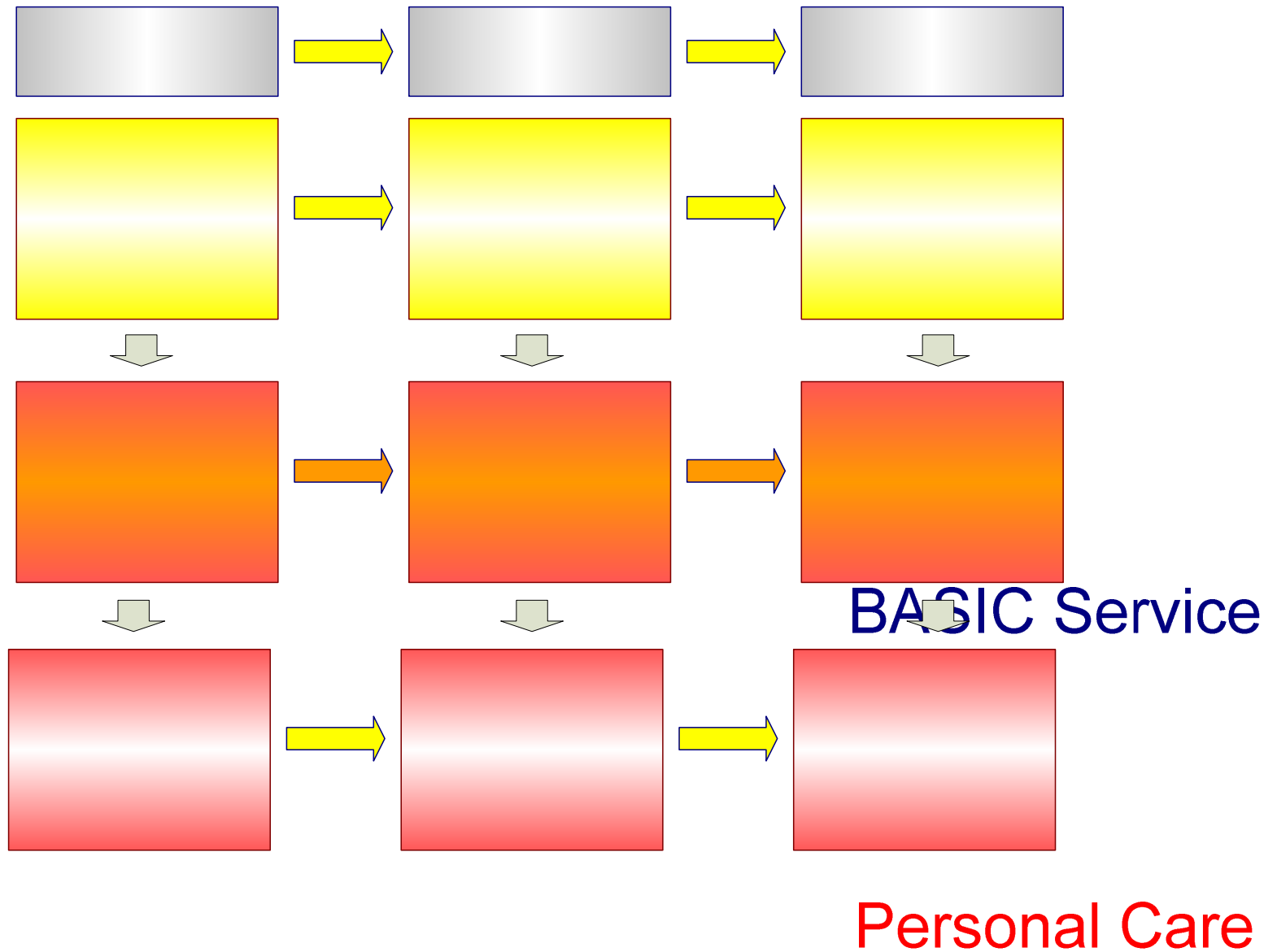


Based on data from the Washington Aging and Disability Services Administration

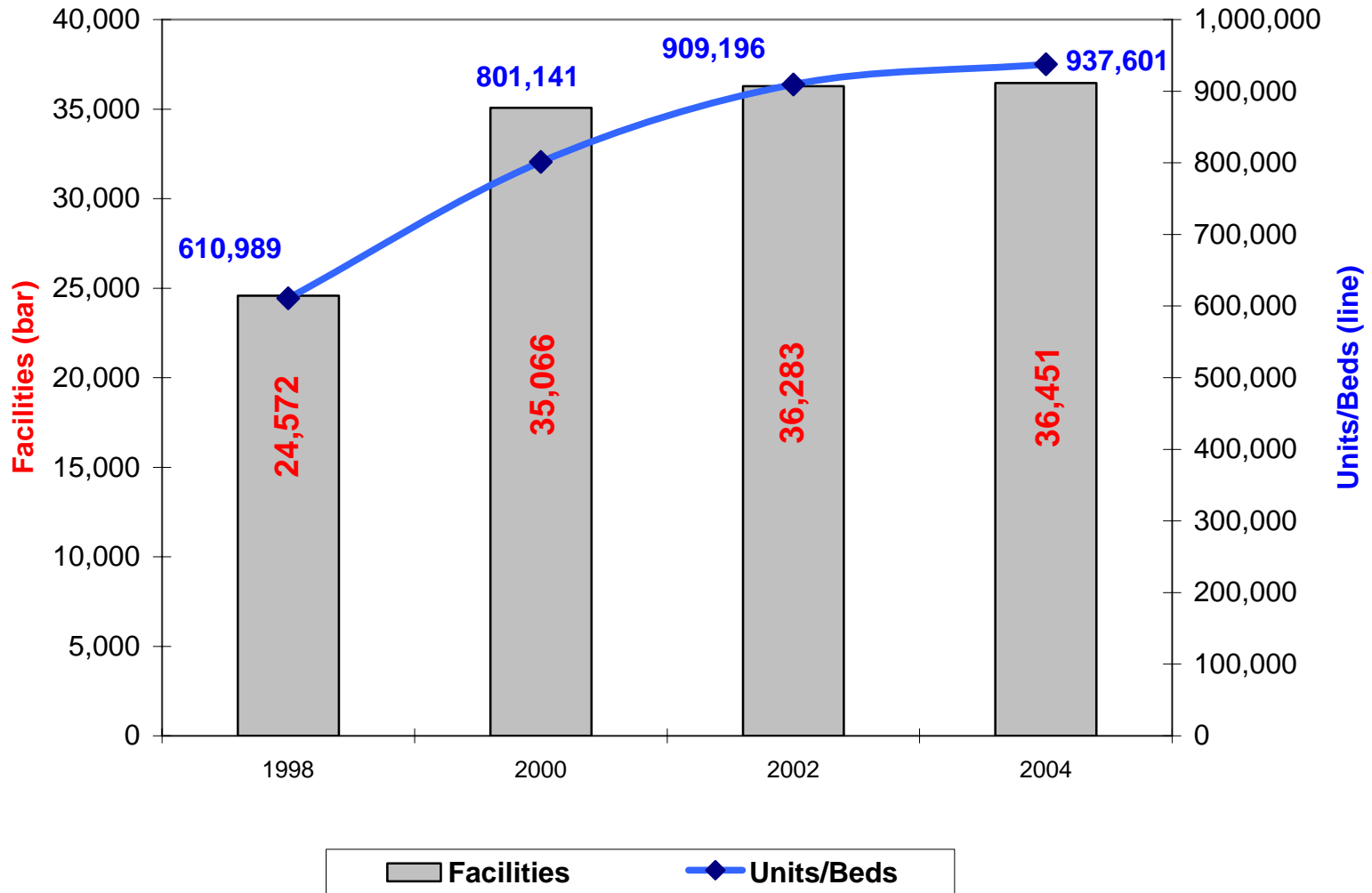


Assisted Living Philosophy and Minimum Recommended Services

Varying Levels of Care Offered In ALF Settings

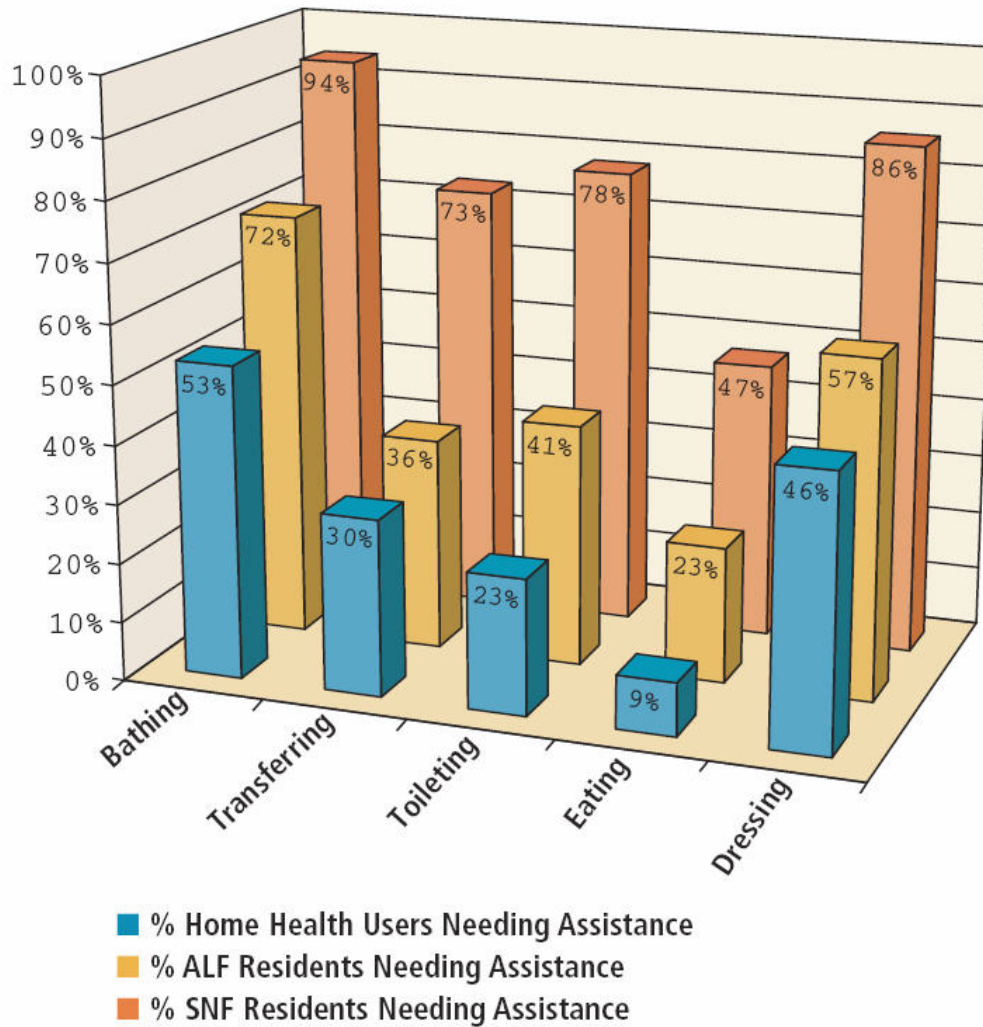


ALF Facilities & Beds/Units 1998 - 2004



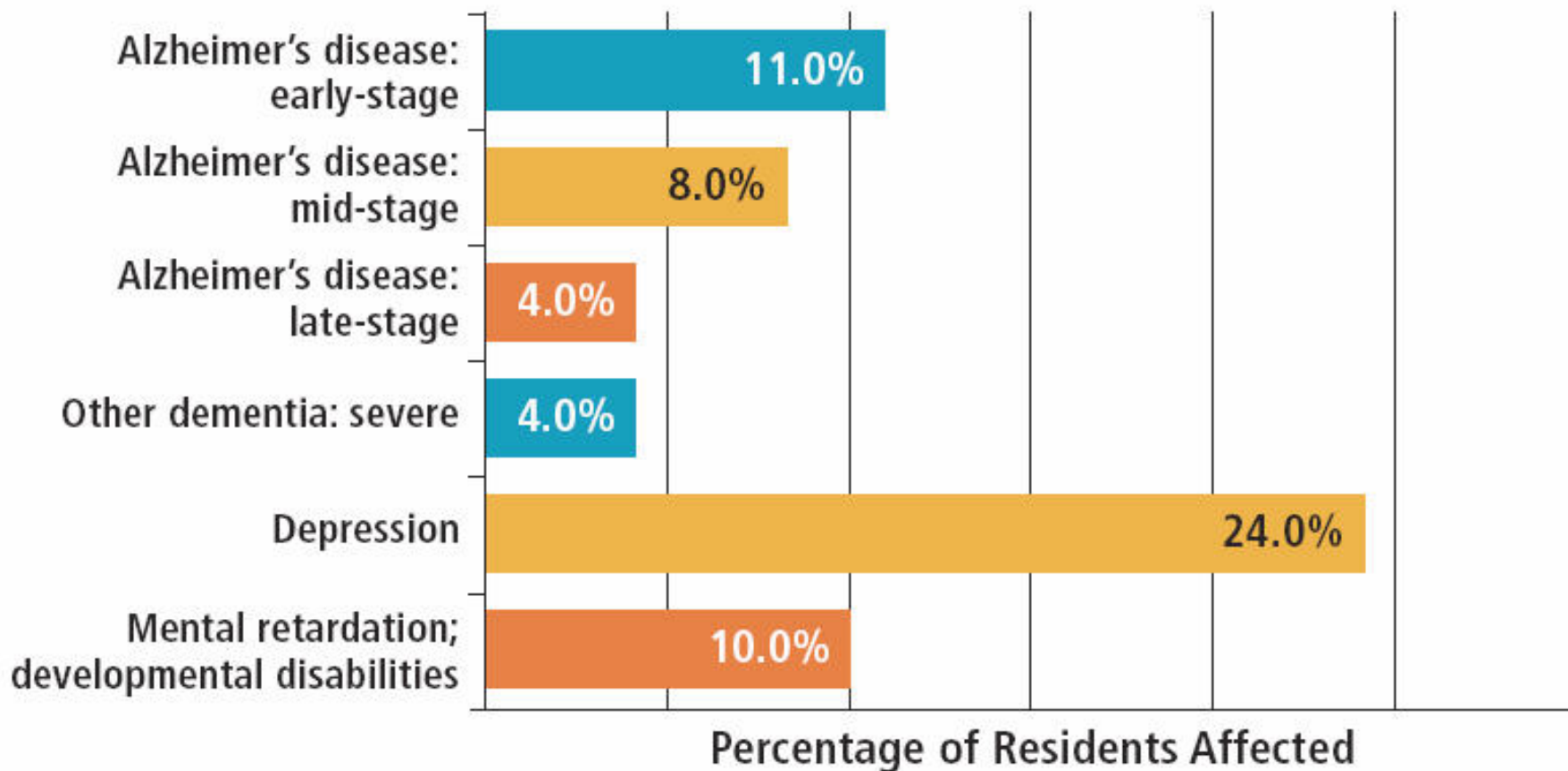
Source: Mollica, 2005

A Comparison of ADL Dependence Among Seniors Using Home Health, ALFs, and SNFs



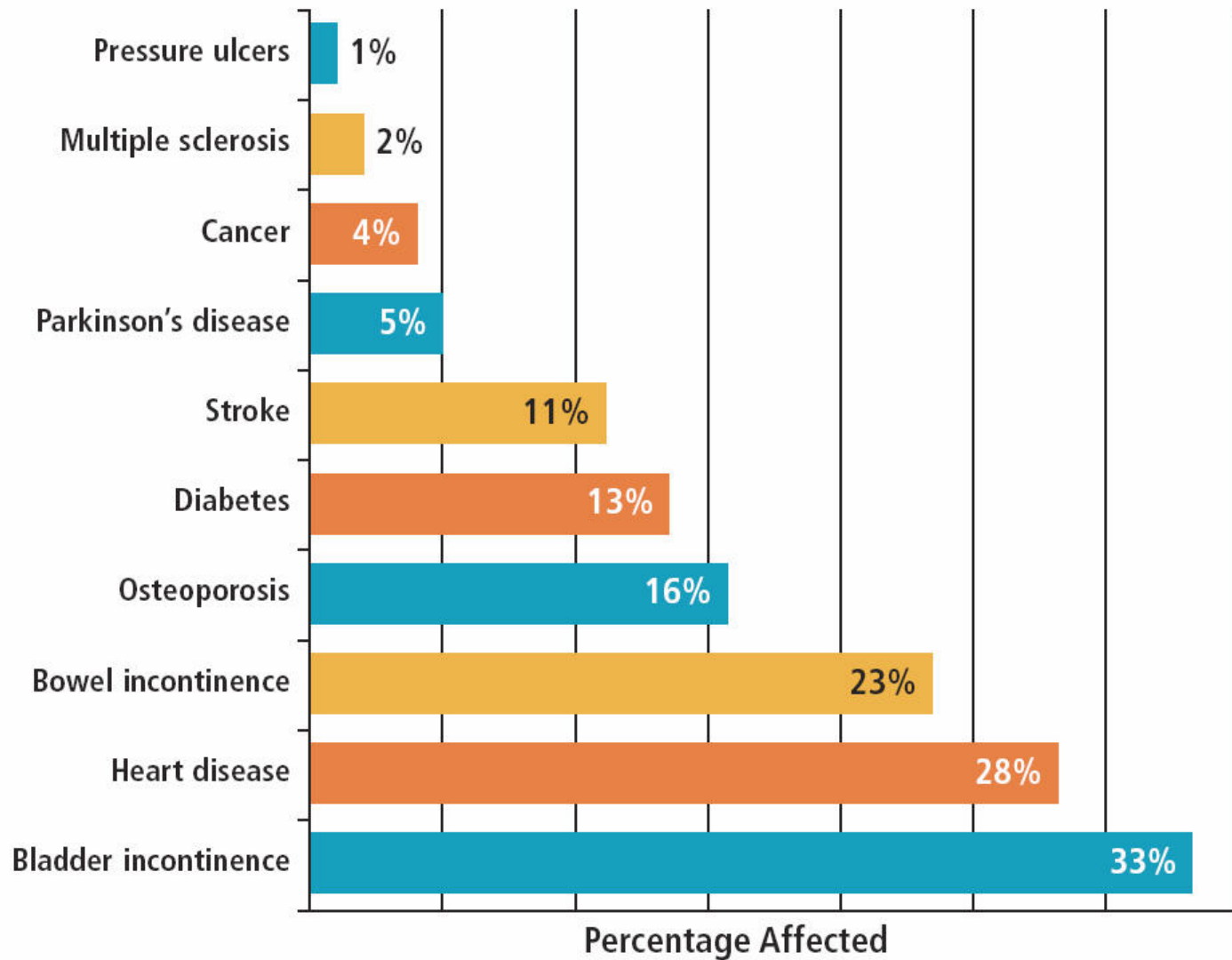
Source: National Center for Assisted Living, 2001

Mental Health Conditions Among ALF Residents

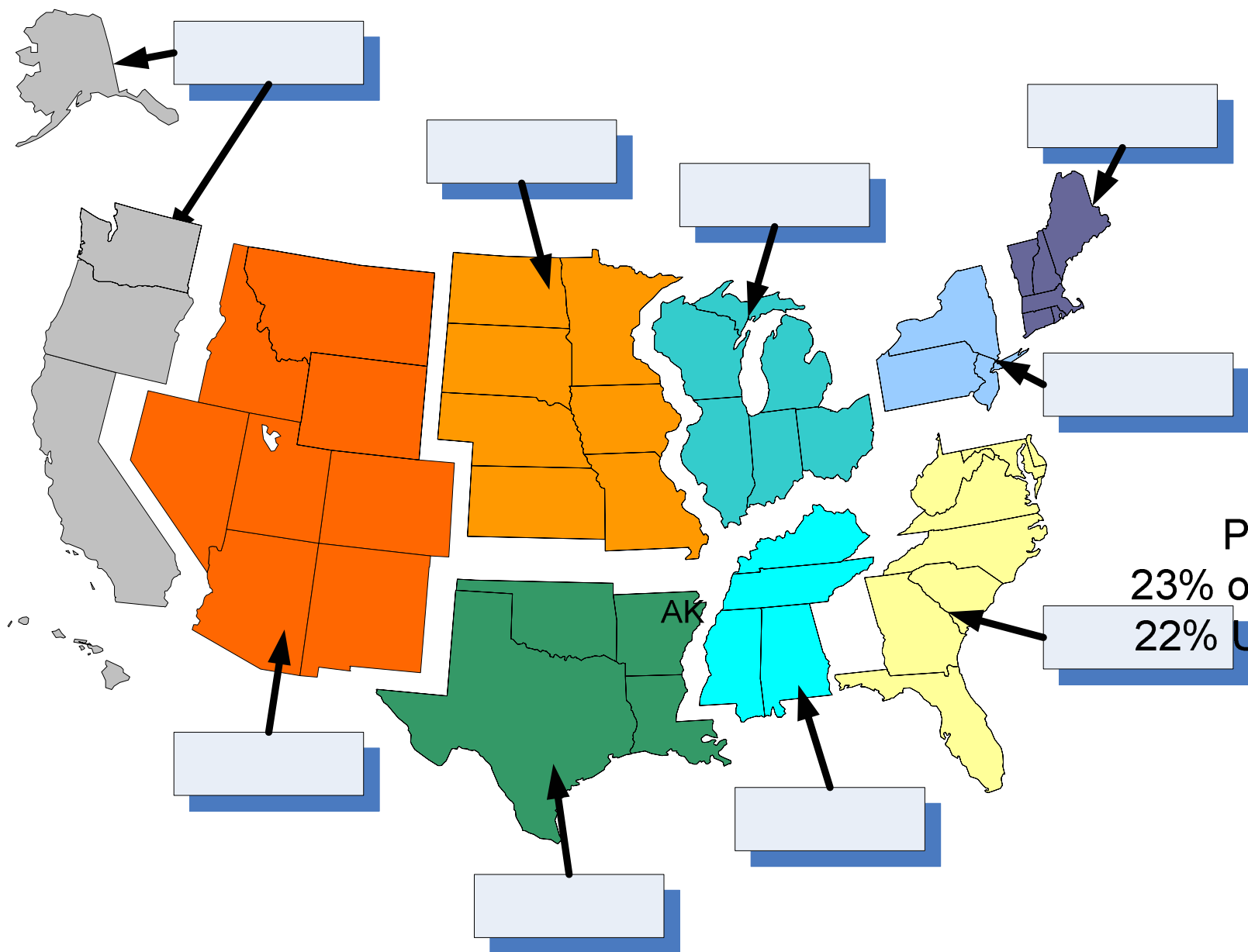


Source: National Center for Assisted Living, 2001

Medical Conditions Among ALF Residents

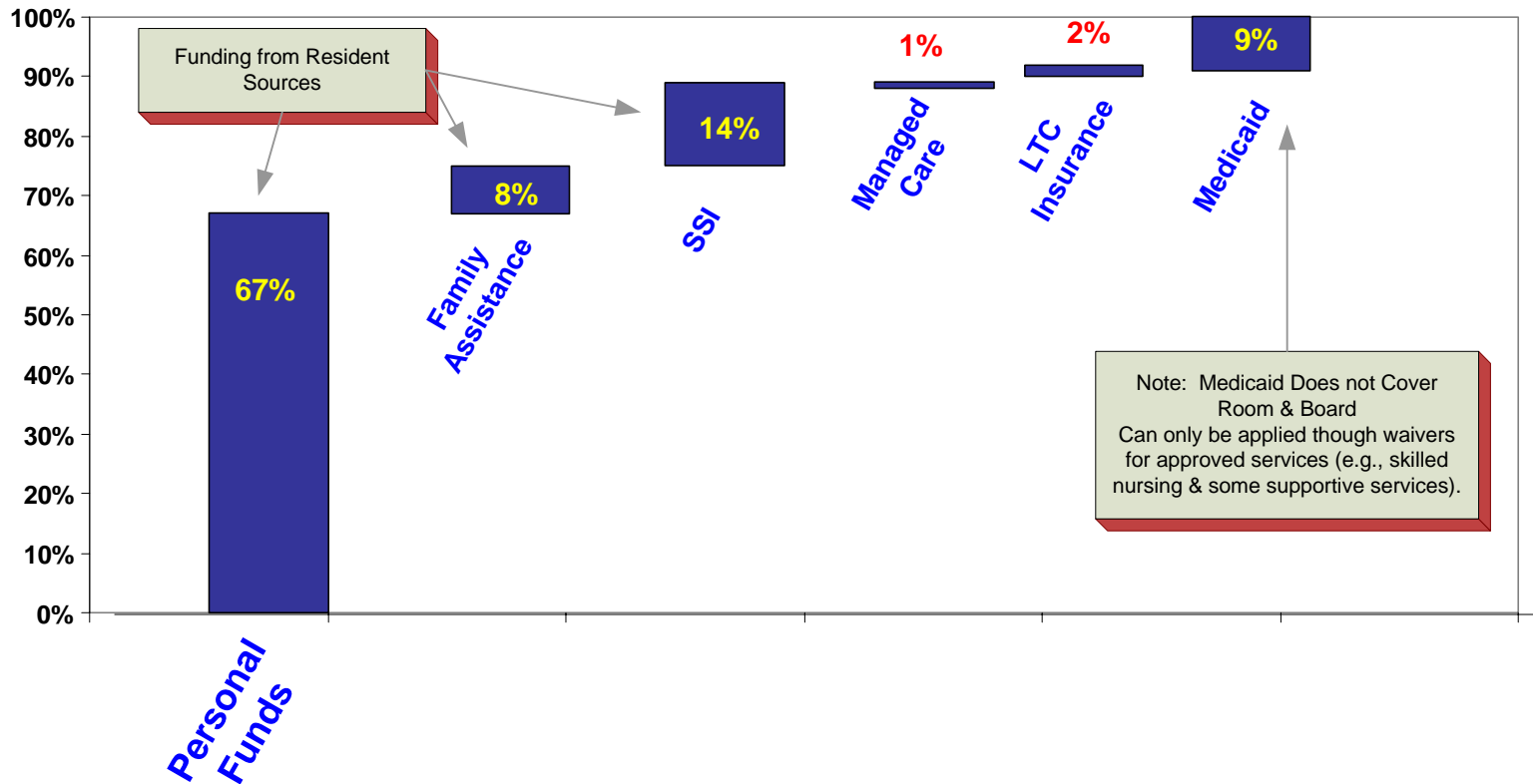


Source: National Center for Assisted Living, 2001



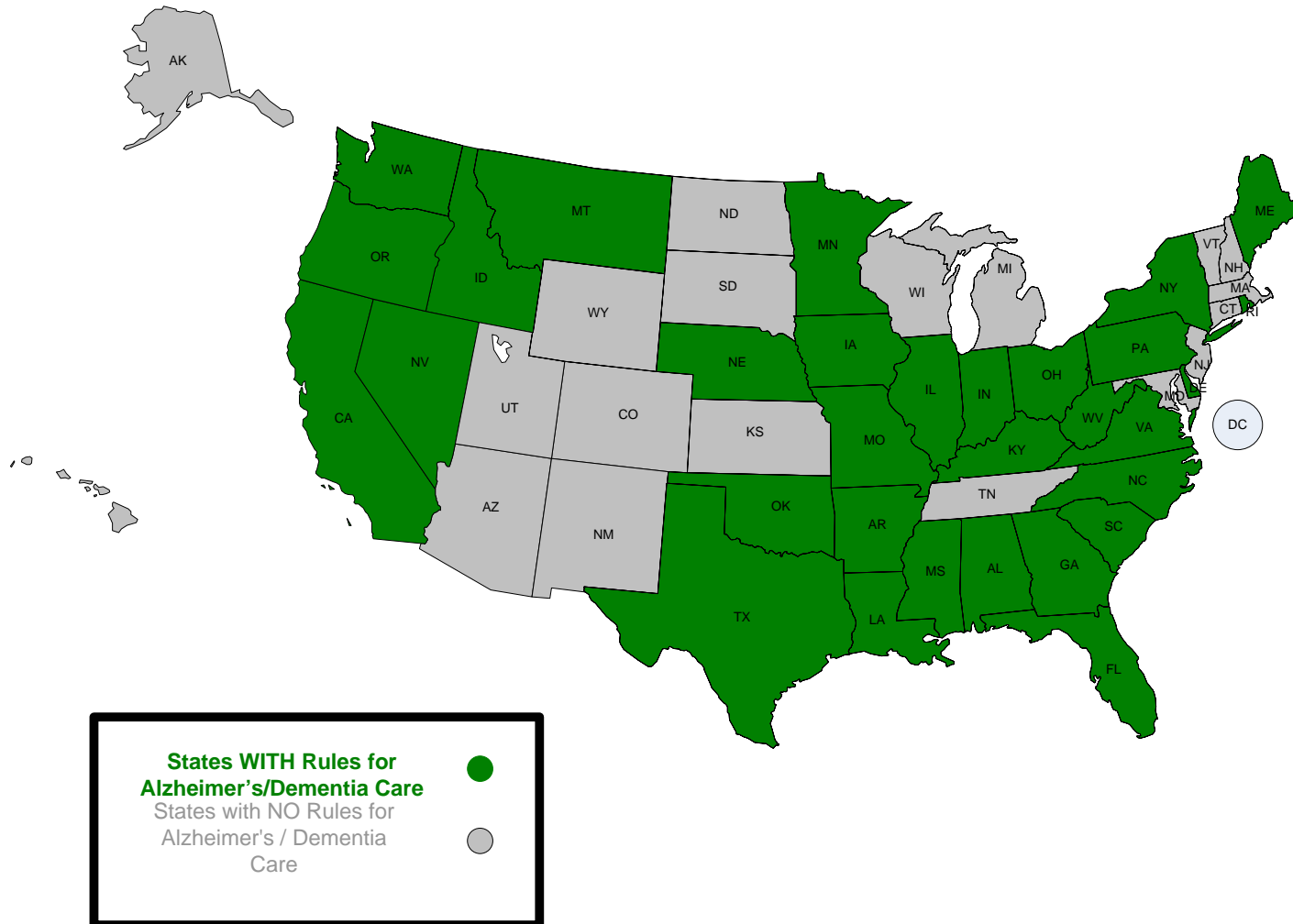
Pacific
23% of Fa
22% Units

2001 -- Sources of Funding Used by ALF Residents to Pay for Services



Source: Adapted from National Center for Assisted Living (2001), Facts & Trends: Assisted Living Source Book 2001

States With Regulations for Alzheimer's & Dementia Care - 2005



**States WITH Rules for
Alzheimer's/Dementia Care**

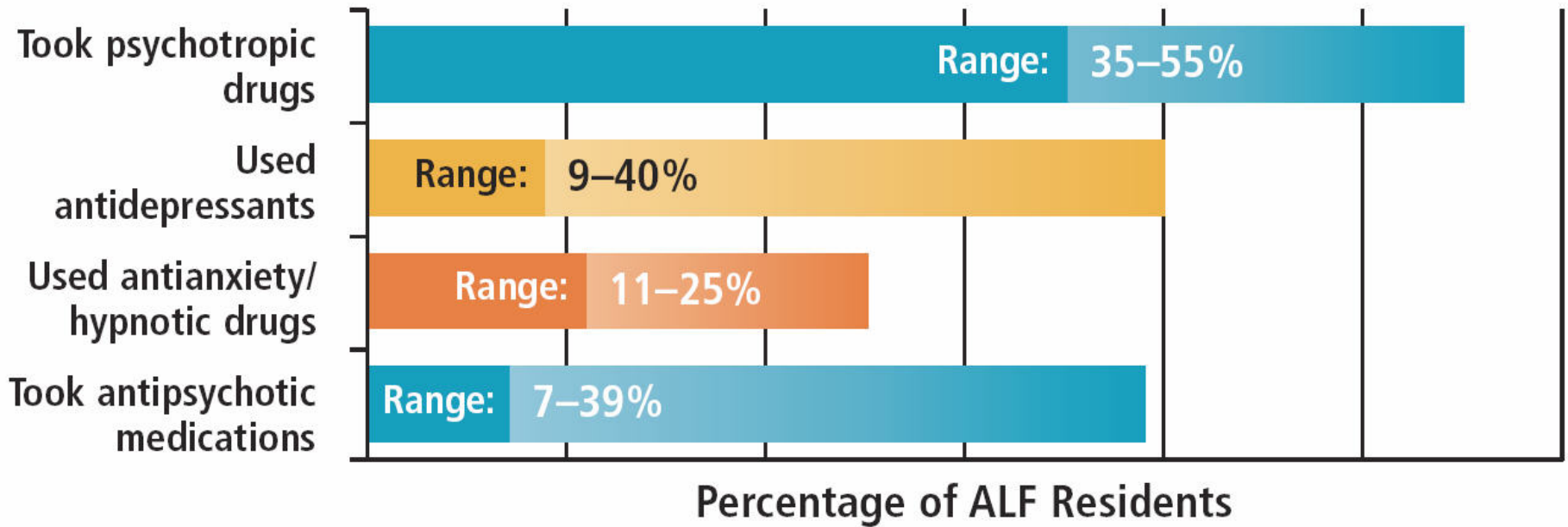


States with NO Rules for
Alzheimer's / Dementia
Care



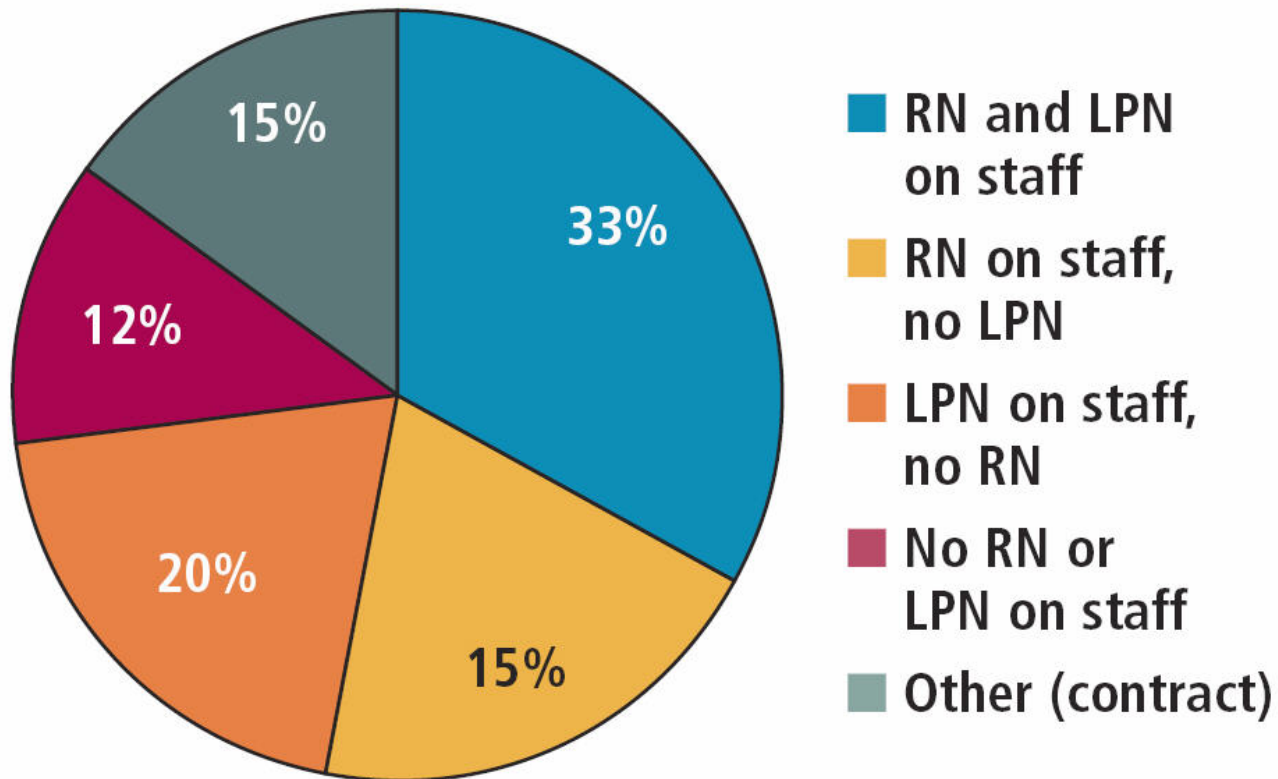
Source: Carlson, E., Critical Issues in Assisted Living: Who's In, Who's Out, and Who's Providing the Care. National Senior Citizens Law Center with Support from The Harry and Janette Weinberg Foundation. May 2005

Range of Psychotropic and Antidepressant Used by ALF Residents

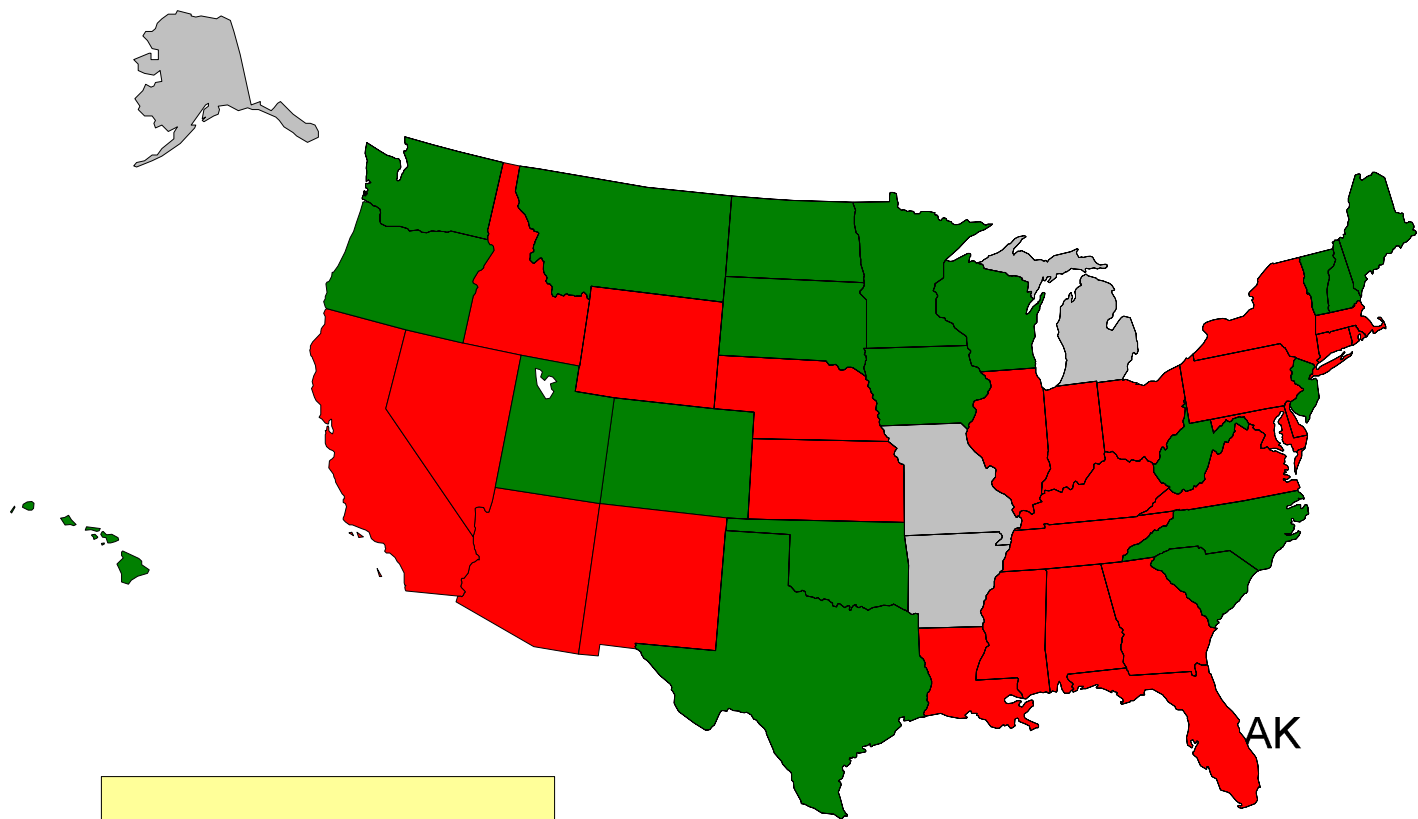


Source: Adapted from *Consultant Pharmacist*, 2001

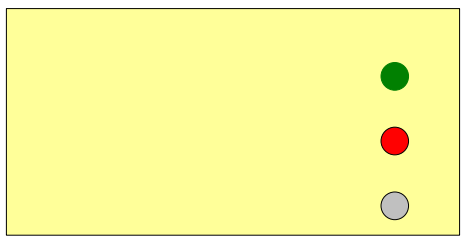
Percentage of Full and Part - Time Nurses in High-Privacy or High-Service ALFs



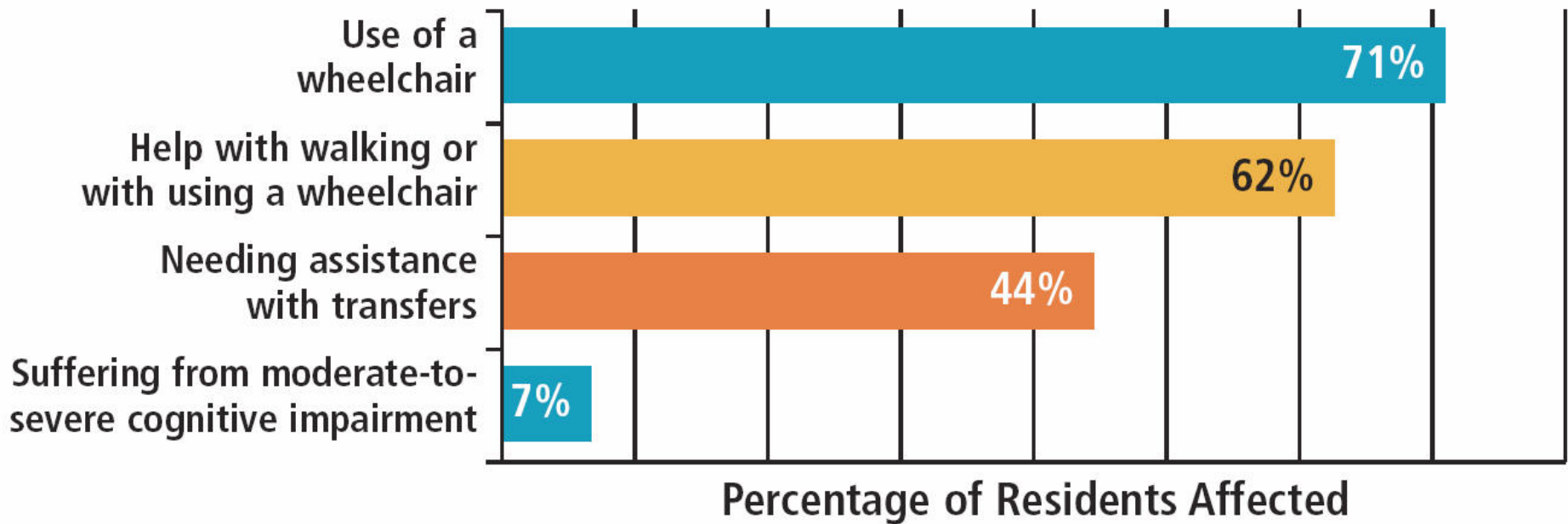
Source: Hawes, et al, 2000



State



Aging in Place: Some Determining Factors for ALFs



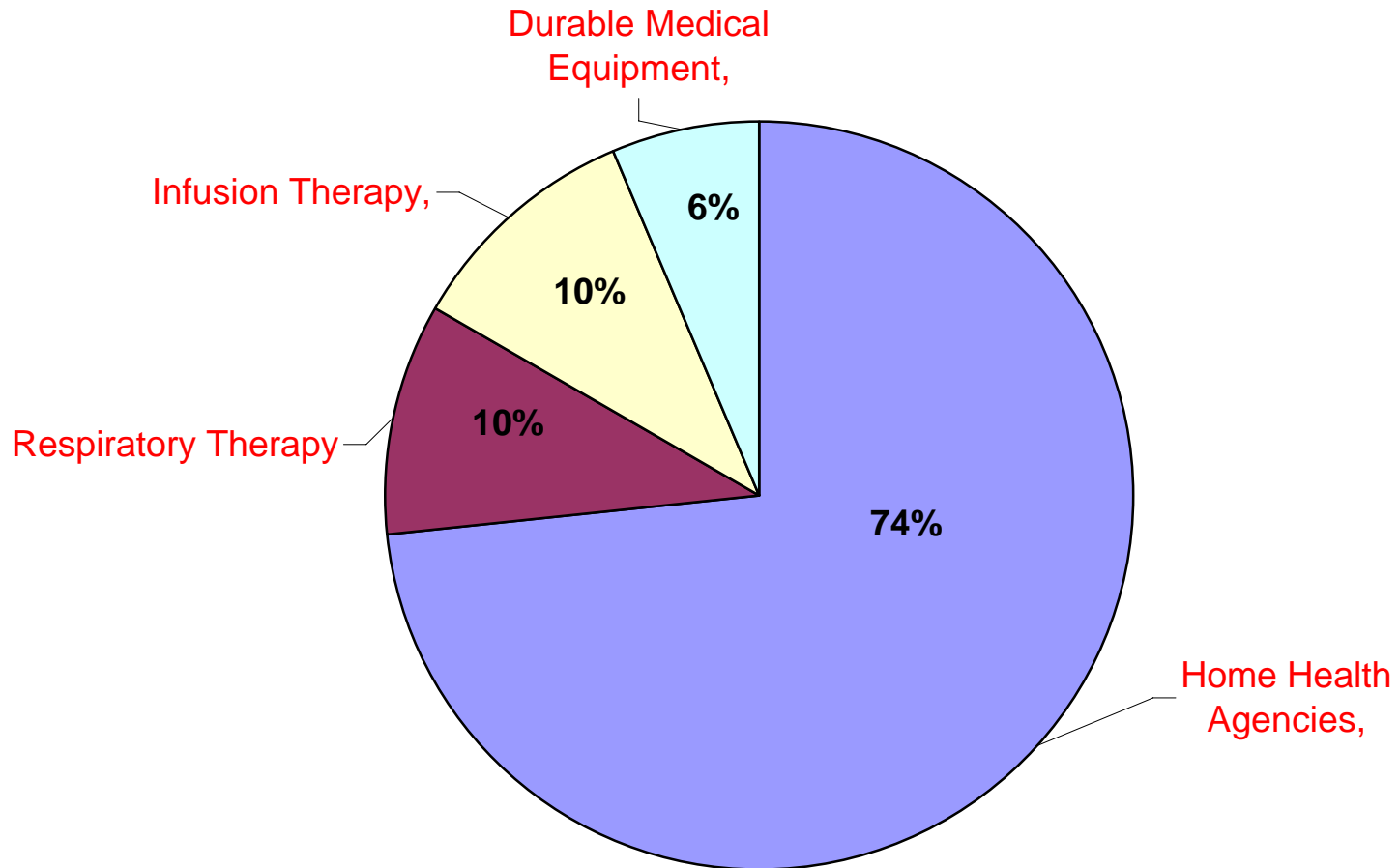
Source: Hawes, 2003

Residents Leaving ALFs by Region

Destination/ Reason for Leaving	National Average	Northeast Average	Southeast Average	Midwest Average	West Average
Death	28.1	17.6	26.6	22.0	40.1
Hospital stay	18.9	15.0	25.5	15.2	7.8
Move to SNF (health)	33.3	47.6	26.5	43.1	30.6
Move to SNF (asset reduction)	2.7	5.0	1.5	1.8	3.4
Move to independent living facility	2.5	2.1	2.2	5.6	1.9
Move to another ALF	4.0	2.5	4.0	3.5	5.8
Move to family member's home	4.1	3.5	4.9	2.1	4.3
Financial resources	3.9	3.8	4.8	2.5	3.6
Other	3.4	2.9	4.0	4.2	2.5

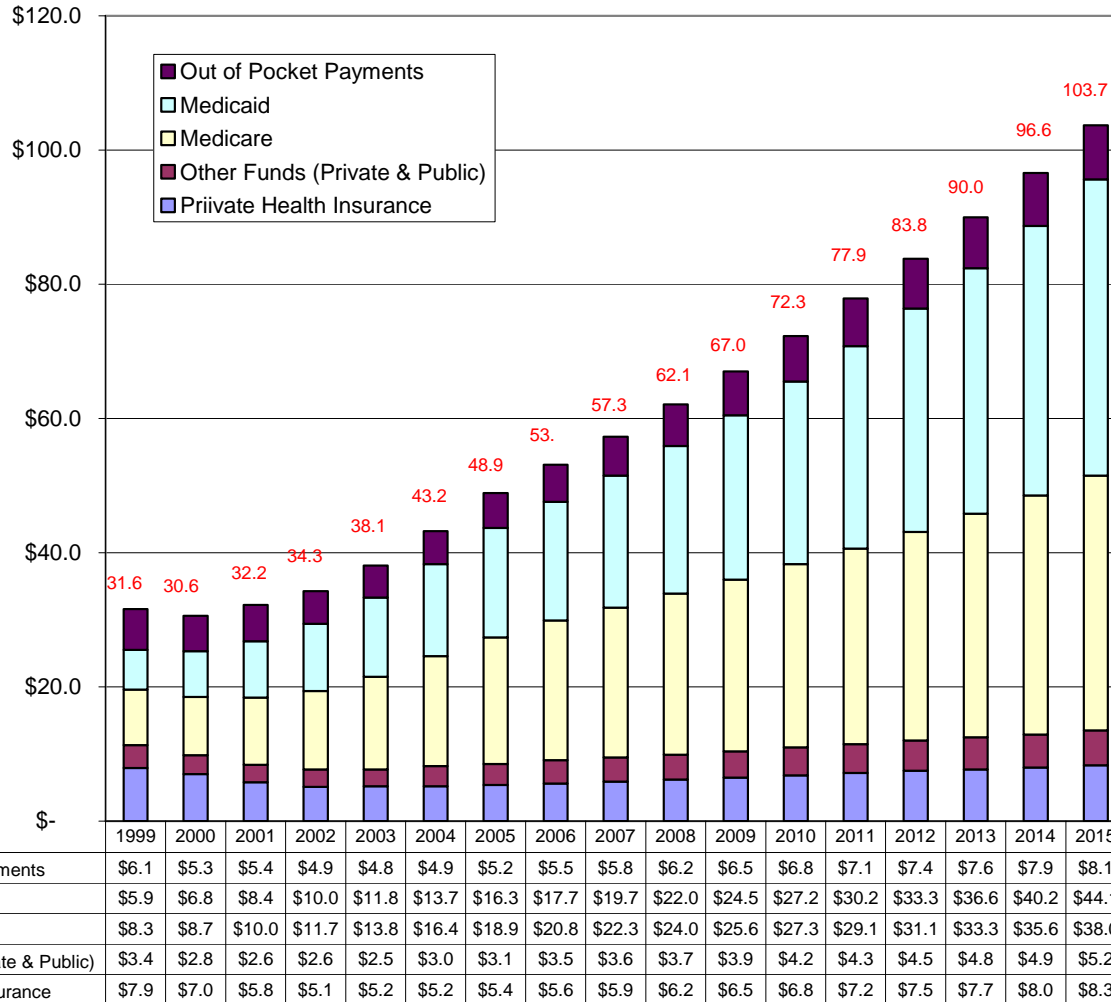
Source: Assisted Living Federation of America, 2001

Home Health Industry Spending 2001 (N = \$45.3 billion)

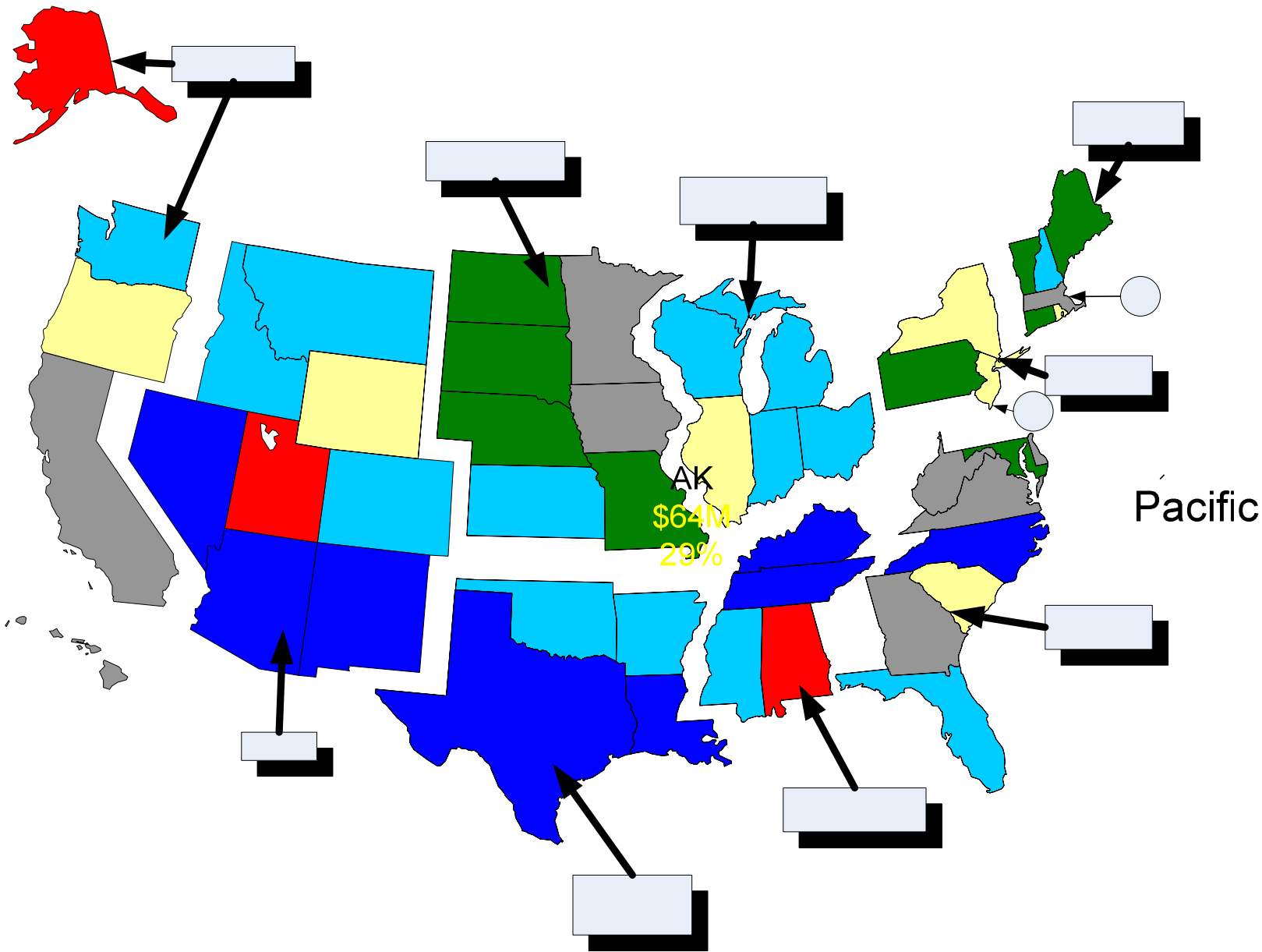


Source: Centers for Medicare & Medicaid Services. Home Health Care Industry Market Update: Home Health. September 22, 2003. Available at: www.cms.hhs.gov.

Home Healthcare Expenditures 1999 - 2015



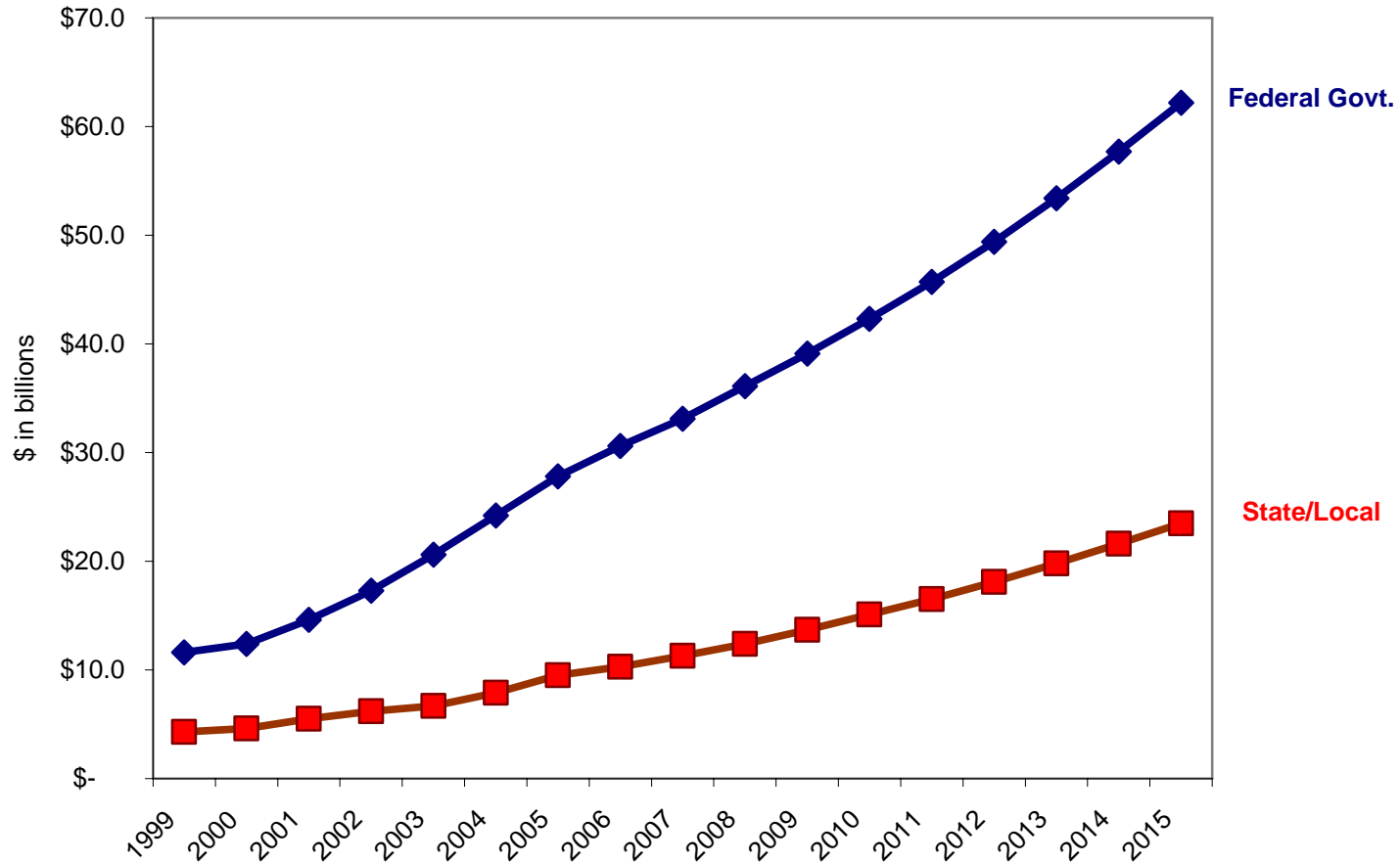
\$ in Billions



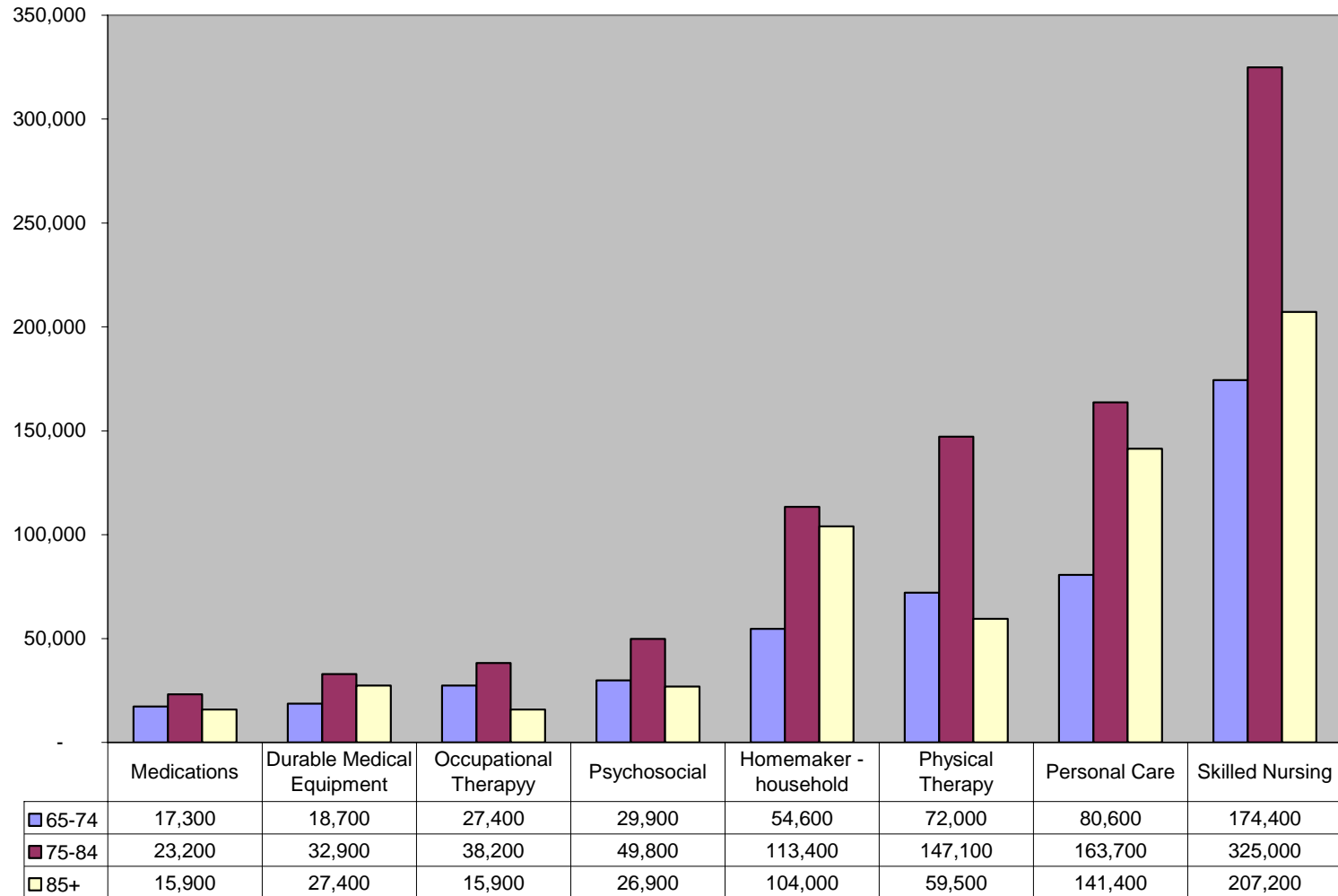
Source: Office of the Actuary, CMS (2006). 2004 State Estimates – All Payers – Home Healthcare Expenditures. May, 2006. Available at www.cms.gov

Home Healthcare Expenditure by Federal and State Government

Note: Includes Medicaid, Medicare, Medicaid SCHIP Expansion and SCCHIP

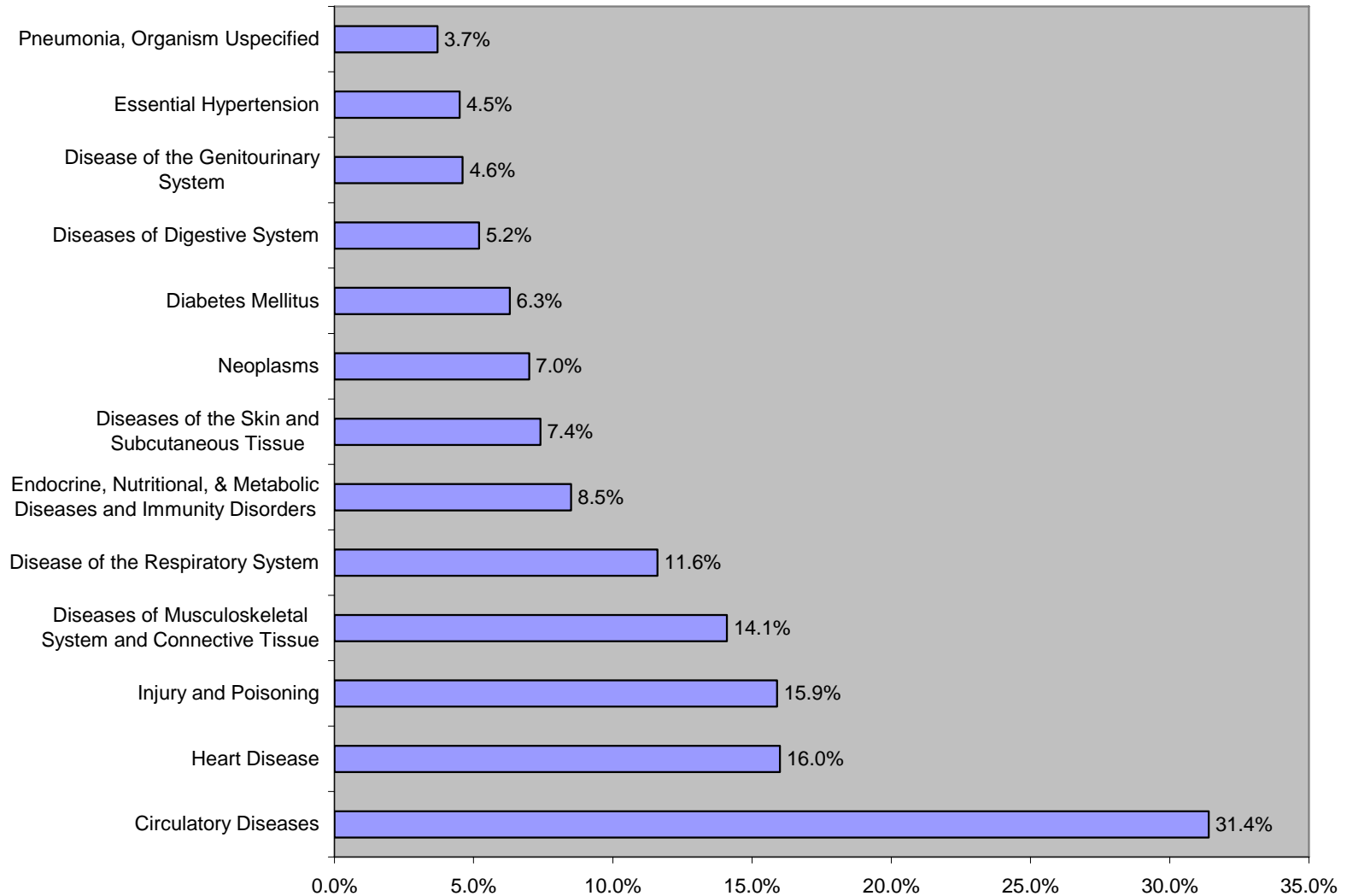


Number of Current Home Healthcare Patients by Services Received by Age , 2000



Source: Current Home Healthcare Patients, Table 7, February 2004
 Available at www.cdc.gov/nchs/data/nhhcsd/curhomecare00.pdf

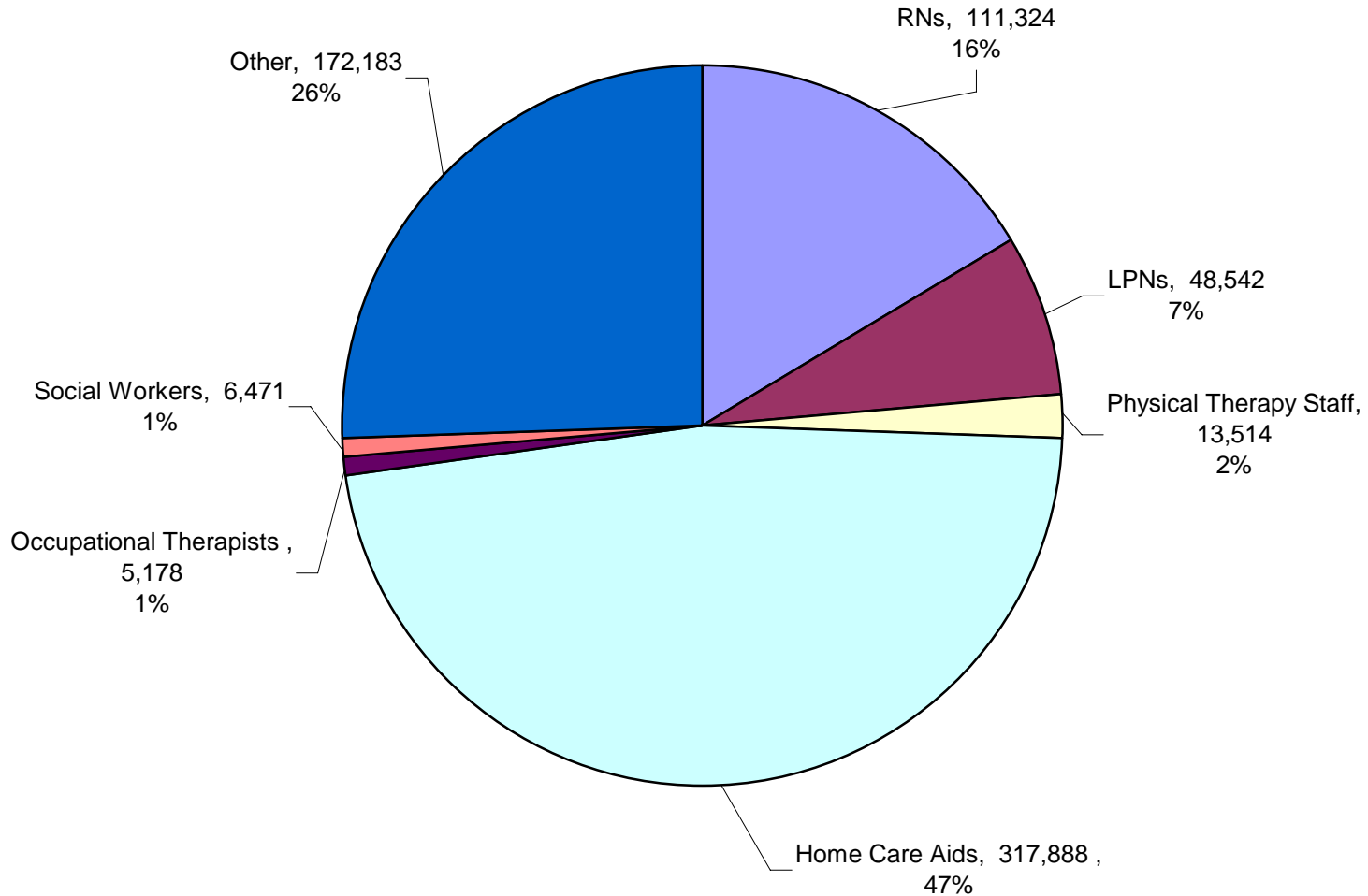
Medicare Home Health Utilization by Principal Diagnosis, 1999



Source: National Association of Home Care & Hospice, Updated 2004. Available at www.nahc.org

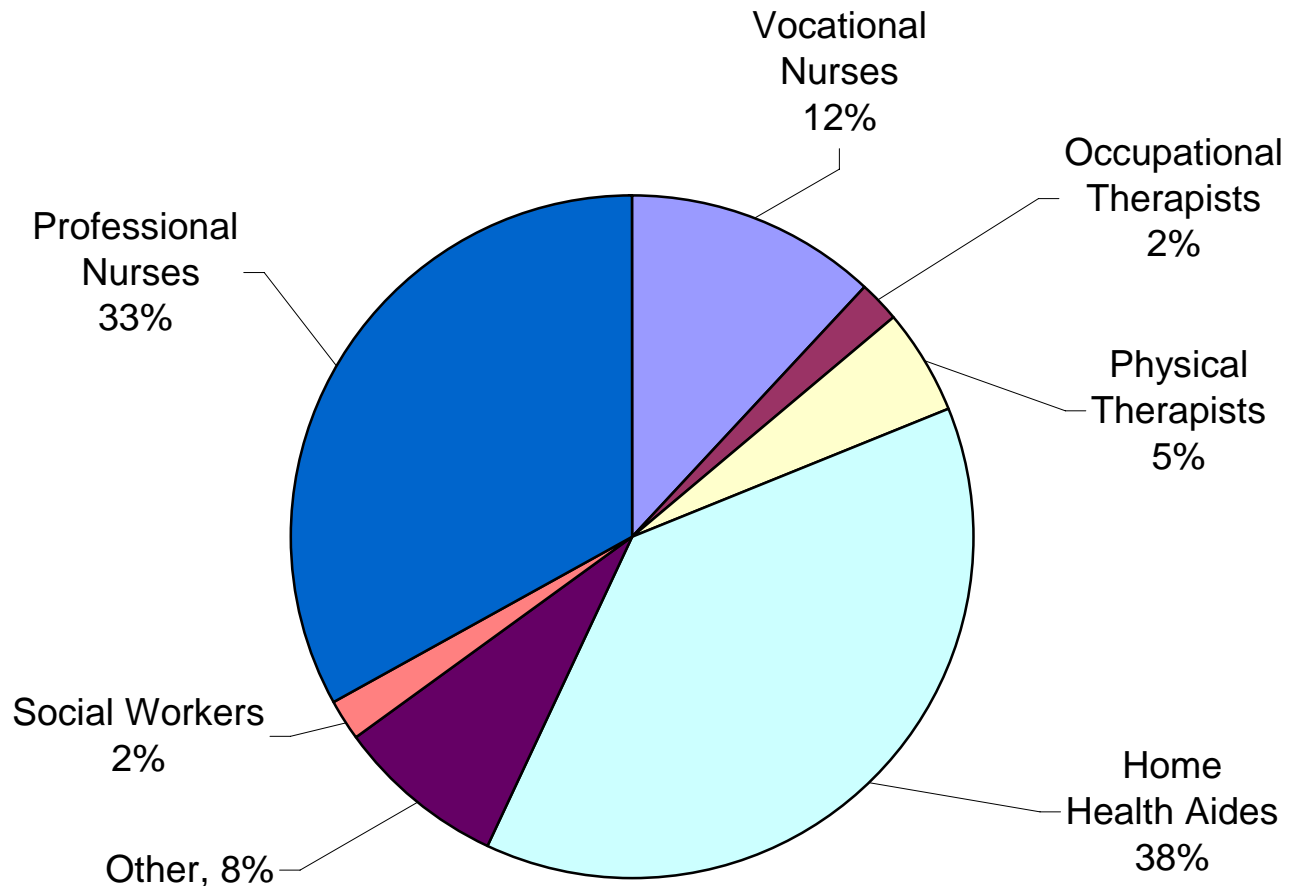
Number of & Type of Home Health Workers , 2002

(Note: U.S Department of Labor Bureau of Labor Statistics – Excludes Hospital Based and Public Agencies)



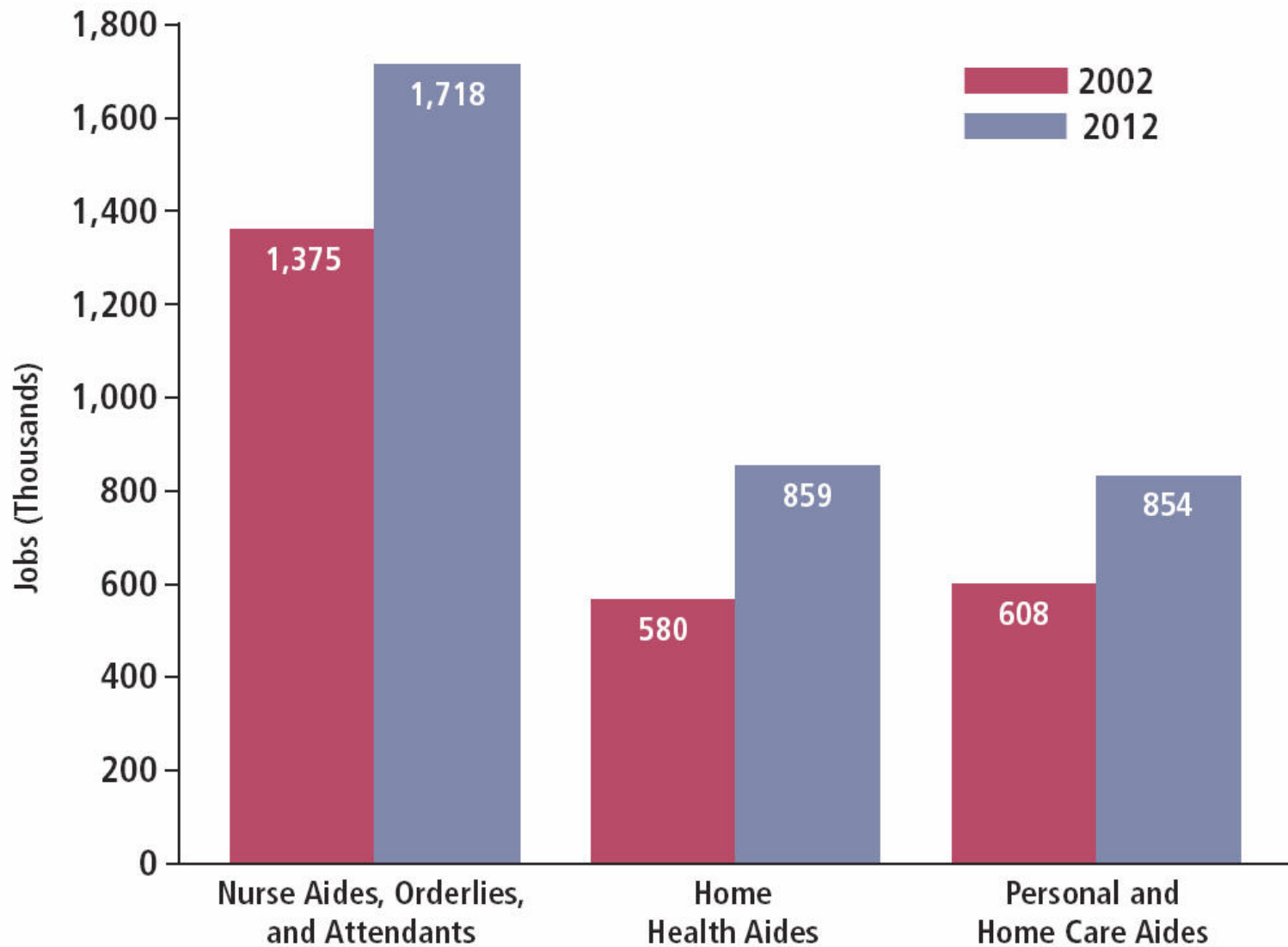
Source: National Association of Home Care & Hospice, Updated 2004. Available at www.nahc.org

Proportion of Positions in Home Health Workforce 2003



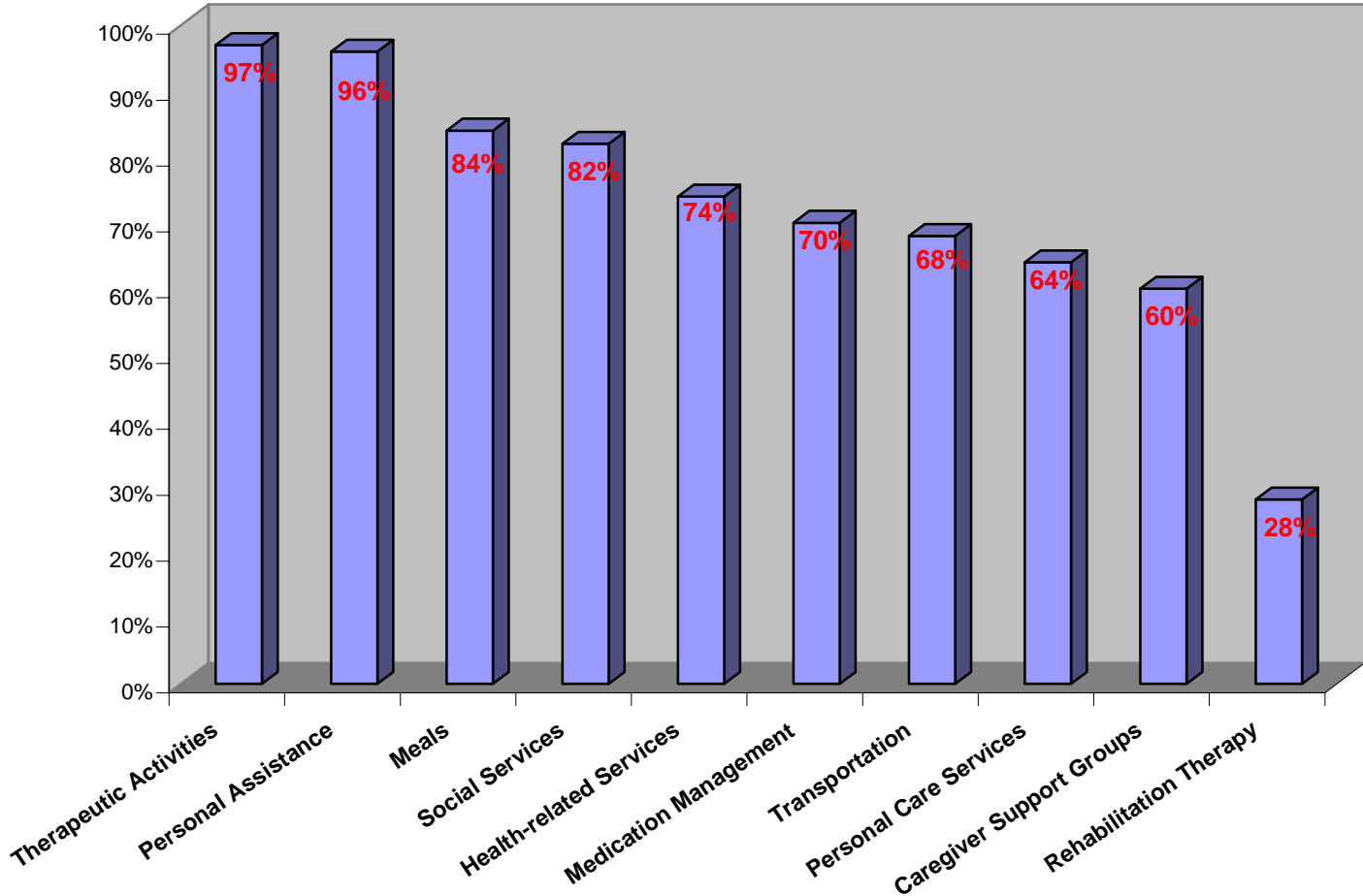
Source: Centers for Medicare & Medicaid Services. Home Health Care Industry Market Update: Home Health. September 22, 2003. Available at: www.cms.hhs.gov.

Projected Growth in Direct-Care Jobs, 2002-2012

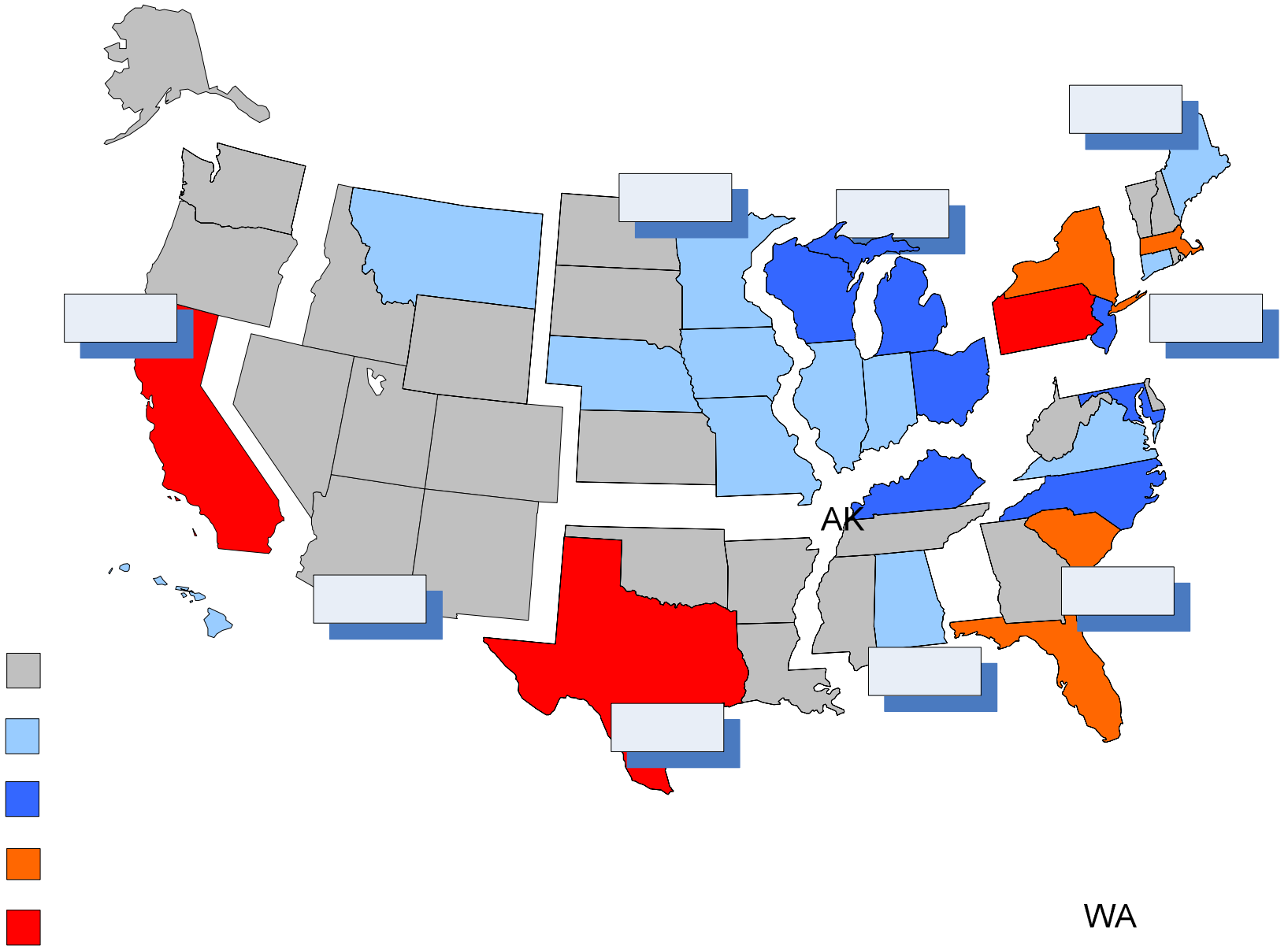


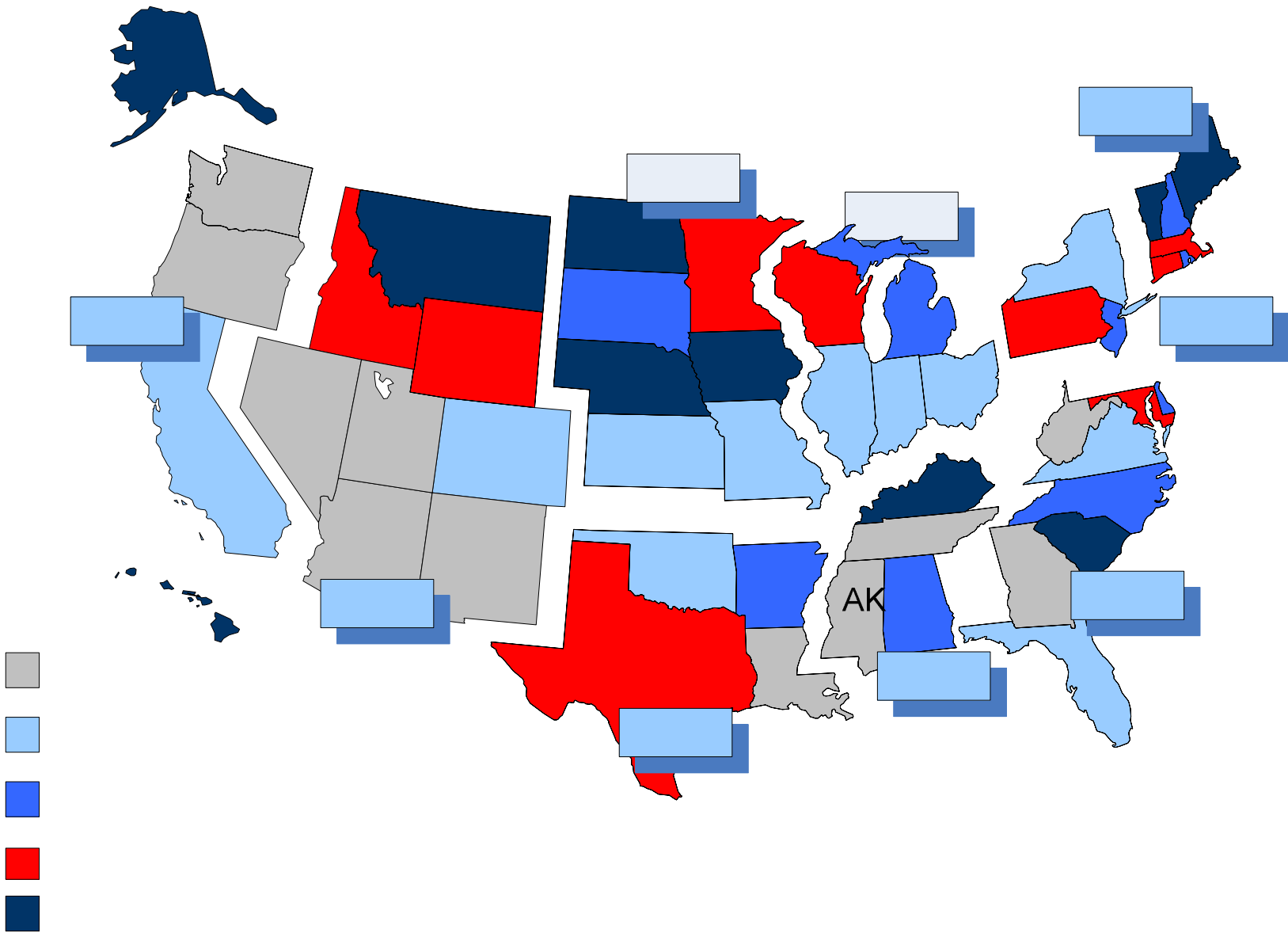
Source: US Bureau of Labor Statistics, 2004

Percentage of Adult Day Centers that Provide Specific Service



Source: Adapted from AARP Public Policy Institute, Fact Sheet, Adult Day Services (2004)



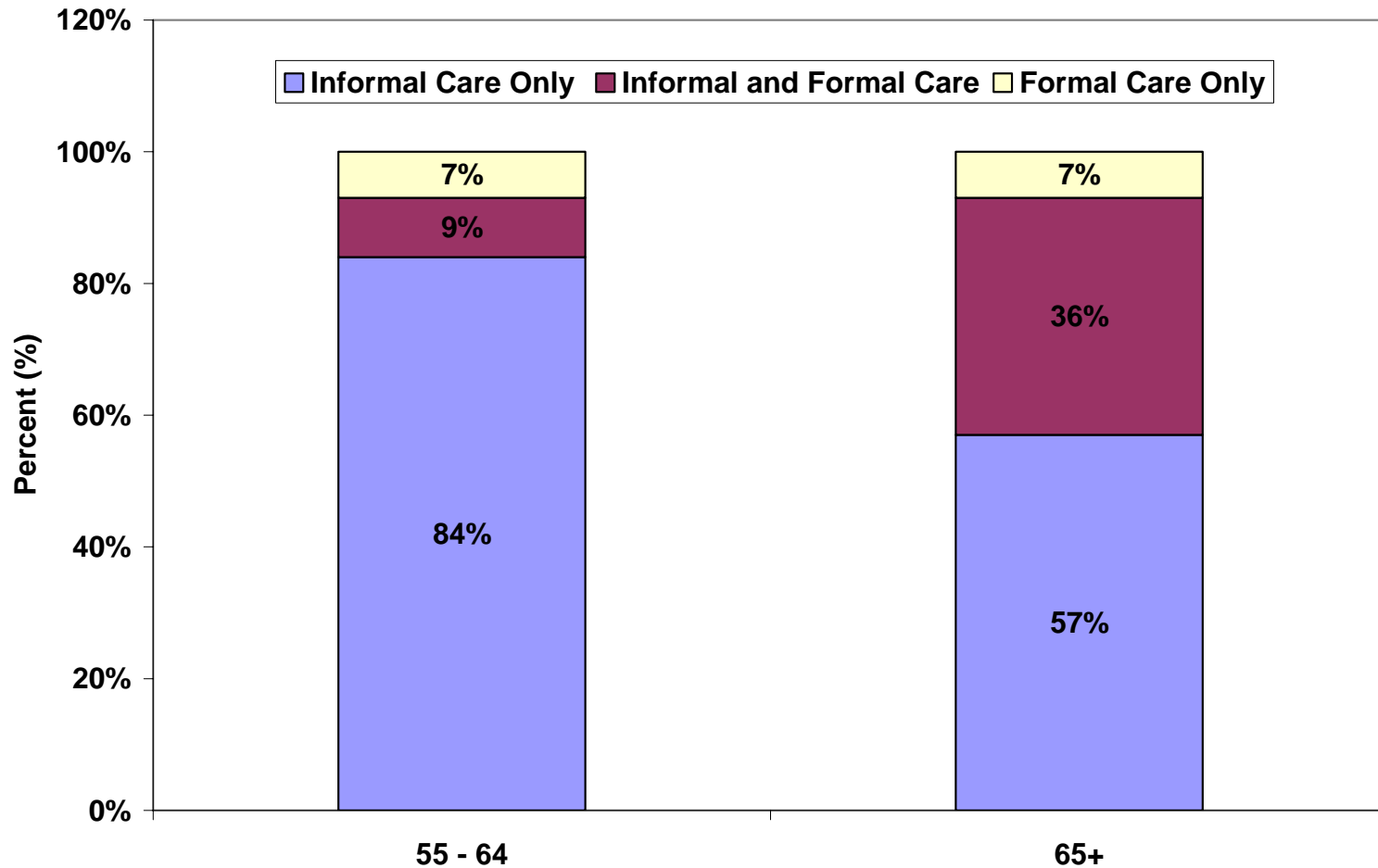


Constellation of Goals and Approaches of Maximizing Caregiver Effectiveness and Minimizing Caregiver Stress



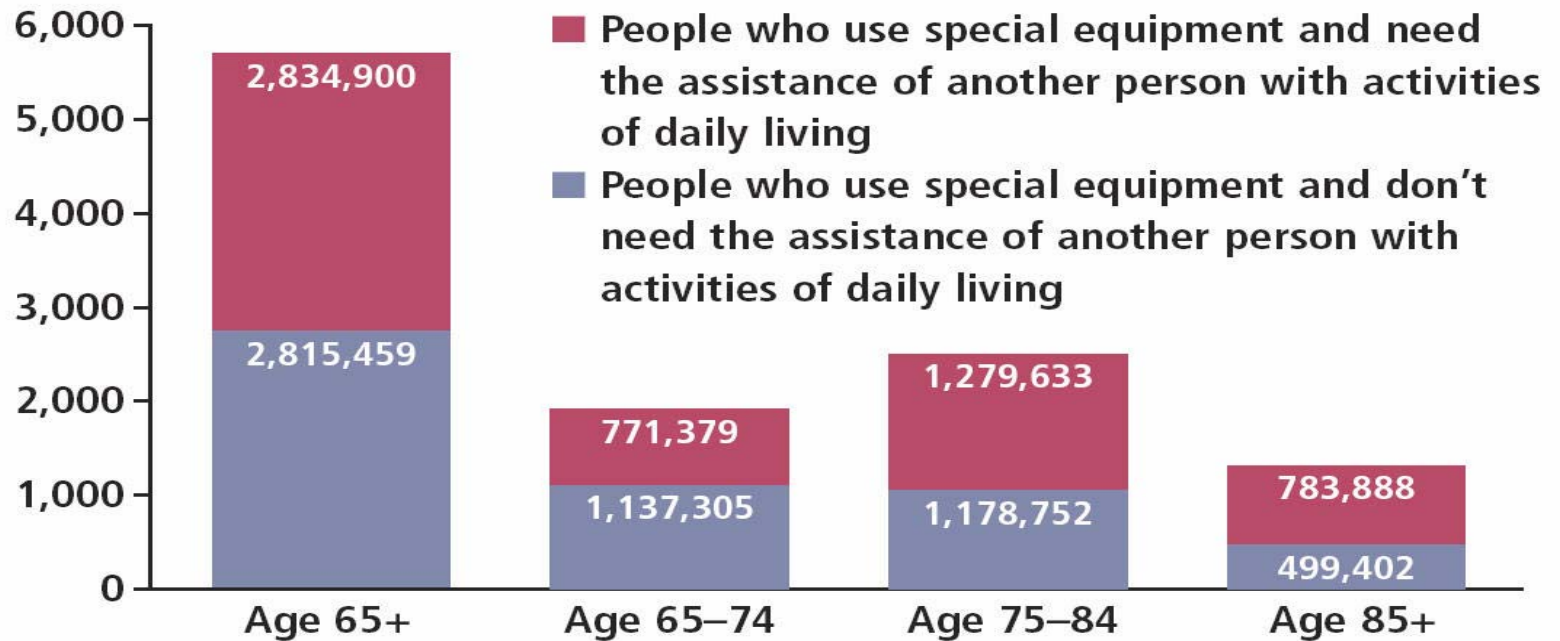
Source: Adapted from Reinhard, S., Given, B., Petlick, N. & Bemis, A. "Supporting Family Caregivers in Providing Care.", April, 2006.

Level of Reliance of Informal Care Relative to Formal Care



Source: AARP – Beyond 50 2003 A Report to the Nation on Independent Living and Disability. www.aarp.org
Based on 1994 National Health Interview Survey, National Long Term Care Survey by AARP Public Policy Institute) and
The Characteristics of Long-Term Care Uses by AHRQ

Number of People 65 and Older Using Special Equipment, 2000

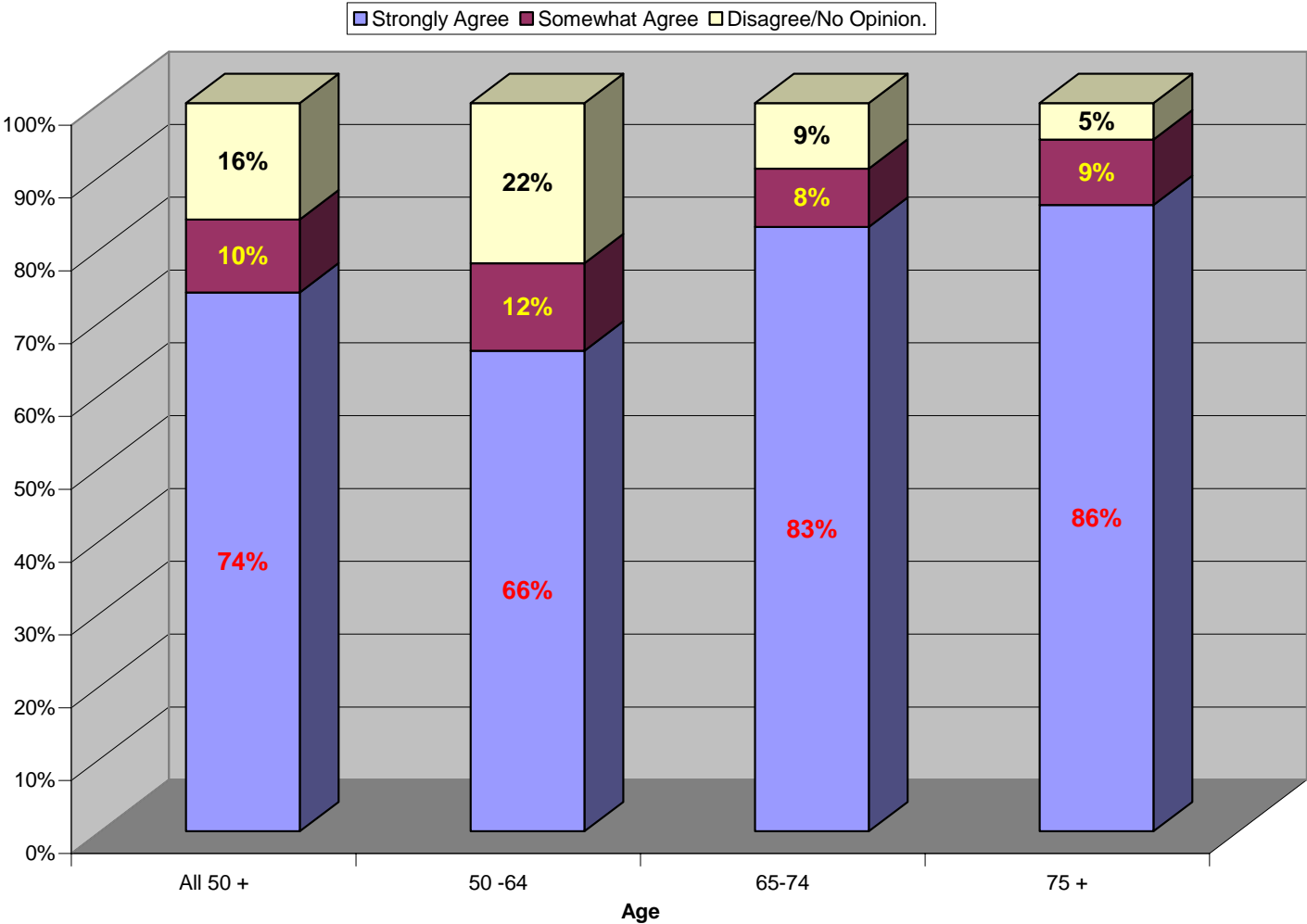


Source: National Governors Association Center for Best Practices, 2004

Community Living for ALL AGES is the Public Policy Goal

- Ageism is rampant.
- Professionals, especially those who specialize in geriatrics, need to combat prevailing myths.
- People of all ages want to avoid institutionalization.
- People of all ages seek more control over their lives, including services.

**Seniors Desire to Stay in Residence (2004 Survey)
 Most Strongly Agree – On Desire to Stay in Current Residence as Long as Possible
 (N=1005)**

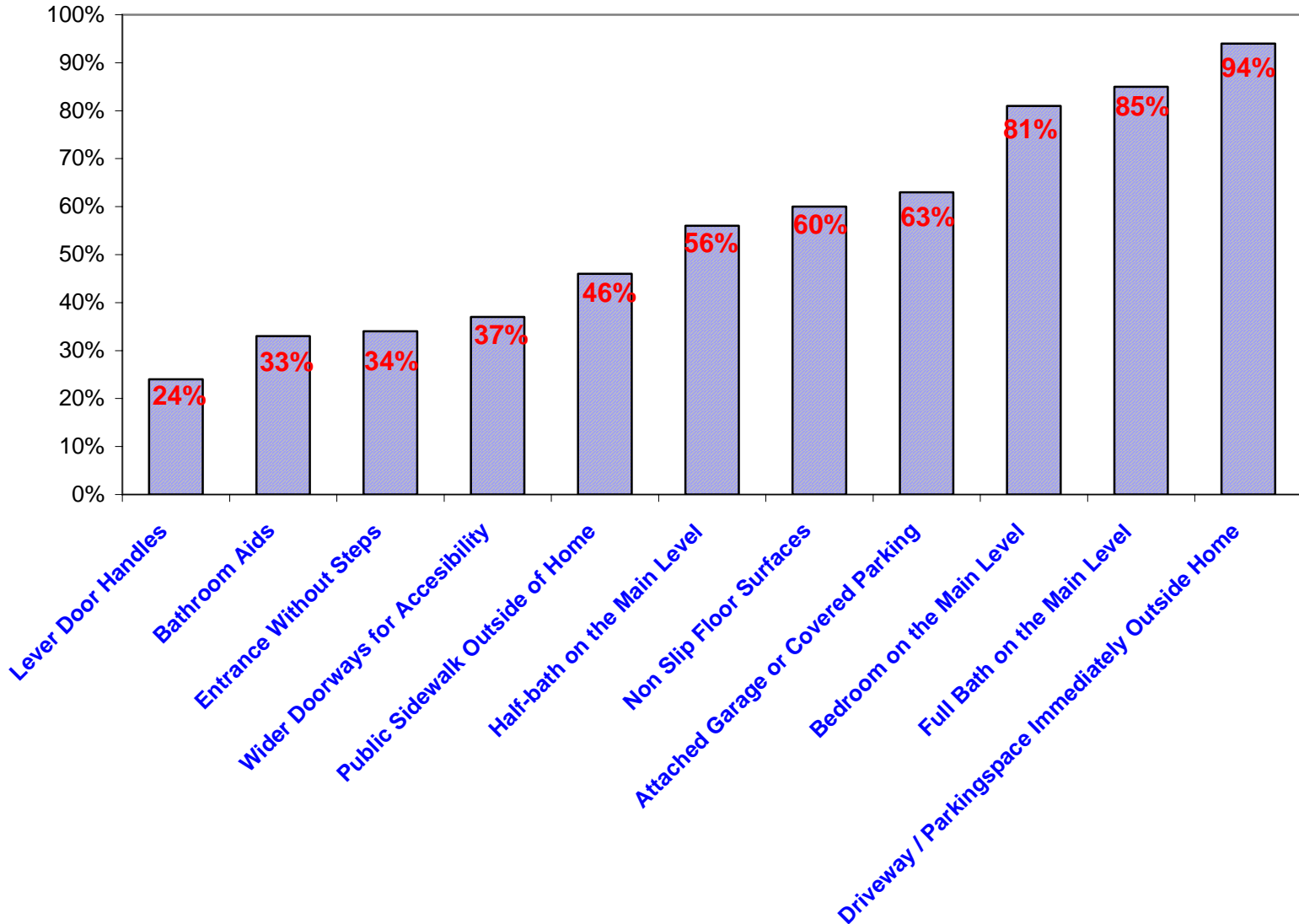


Response to – “What I’d really like is to stay in my current residence as long as possible.”

Source: AARP, Beyond 50.05 A Report to the Nation on Livable Communities (2005)

Percent of 50 and Older Reporting Availability of Features in Their Homes Supporting Independent Living in Their Residence

% Reported Having Feature



Older Adults Do Seek More Control over LTL Services

- Programs with high percentage of older adults show they like having control over services, schedules, and worker selection.
- California serves 200,000 people and 77% are over 65 years.
- Arkansas similar--72% older adults, with 41% surrogates (family caregivers).

Arkansas Cash & Counseling Demonstration: Consumer Satisfaction with Caregiver Reliability and Schedules (Participants Age 64 and Older)

Outcome	Cash & Counseling Group	Control Group (Agency Services)
Completed assigned tasks		
Always	65.8%	47.2%
Usually/sometimes/rarely	15.4	36.2
Arrived late or left early		
Never	56.3	36.0
Often	9.4	19.3
Did not come as scheduled	17.7	30.1
Very satisfied with caregiver's schedule	82.9	68.7
Could easily change schedule	47.8	45.1

Source: Adapted from AARP Public Policy Institute, 2003

New Models for Aging Services

Parameter	Old Paradigm	New Paradigm
Determinant of client status	Acute need, functional deficit, and categorical eligibility	Age and residence
View of clients	Emphasis on deficits	Focus on strengths
Role of client	Passive	Active participants with multiple roles (consultant, leader, volunteer, consumer, and client)
Entry into system	Reaction to crisis or functional deficit	Engagement before crisis; early participation in roles other than client
Relationship of service providers and clients	Problem-focused; episodic and intermittent intervention (one hip fracture at a time)	Ongoing engagement, continuing presence
Location of provider	Off-site, in an office far from the community	On-site, in the housing development
Relationship of service providers to community	Catch-as-catch-can	Ongoing partnership, with service providers accountable to community
Services provided	Public program menus	Broad range of community-specific and defined services, plus entitlements
Relationship to housing	None	Integral relationship through location, governance, and financing
Governance	Bureaucratic and distant	Community coalition
Financing	Government entitlements and fees for services	Government grants, housing provider contributions, philanthropy, and user fees

Re-Design of Communities to Promote Independence of Older Adults

- Build community capacity to support independence and well being
- Communities that are “friendly” to older adults become more friendly to all
- Capitalize on the wisdom and social assets of older adults

Re-Designing Communities

Think broadly--physical spaces, land use, transportation, employment, volunteerism, health, education, cultural and social opportunities.....

25% of Our Lives Spent in Retirement

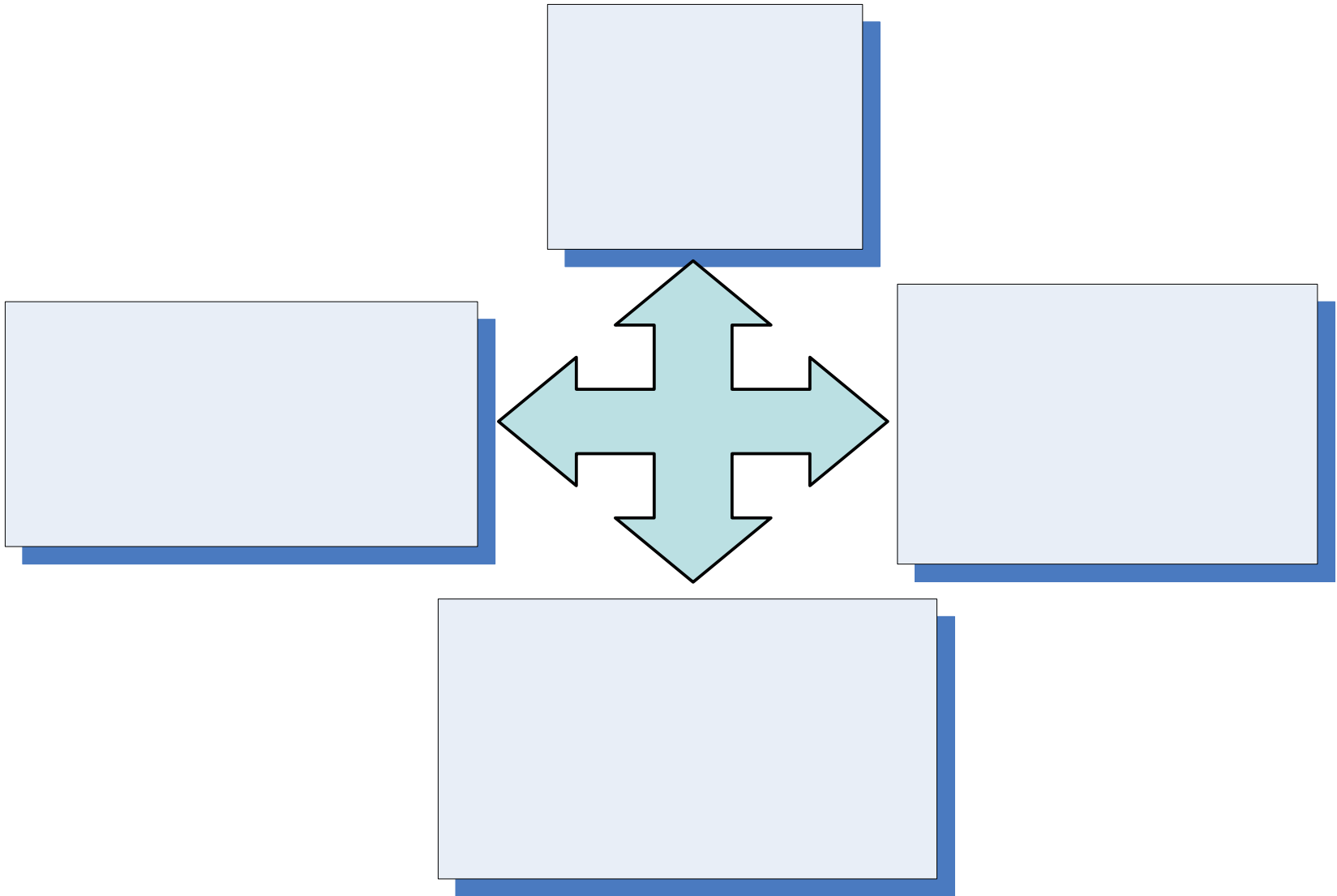
- People not flocking to age segregated environments
- Want to be engaged in their communities

Some are Leading the Way

- Communities for a Lifetime
 - Florida trying to attract older adults
- AdvantAGE Initiative
 - Communities measure and improve their elder-friendliness
- Active Living By Design (RWJF)

The AdvantAge® Initiative

Recommended Elements of an Elder Friendly Community





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