

# Update on the 2016 National Study of Long-Term Care Providers: Progress and Goals for Adult Day Services Centers in California

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*California Association for Adult Day Services (CAADS)*

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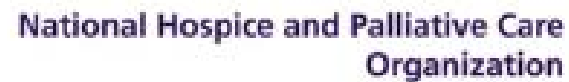




# Acknowledgements

- Directors and staff of participating adult day services centers in California
- Lydia Missealides
- NADSA Board of Directors
- NCHS Colleagues
- RTI NSLTCP Team

# Provider Association Supporters

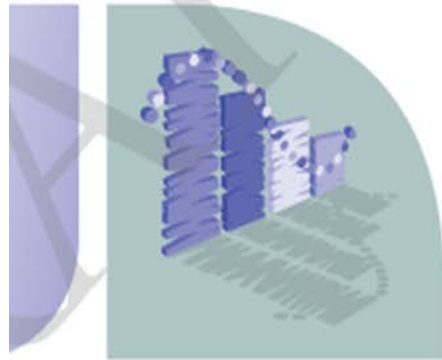


# Presentation Goals

- To provide an overview of the study
- To review key changes to the 2016 Adult Day Services Center questionnaire for California
- To review design and content enhancements coming to the 2018 National Study of Long-Term Care Providers
- To provide an update on the participation of California centers during the 2016 survey wave
- Increase participation among California adult day services centers

# National Study of Long-Term Care Providers

National Health Care Surveys



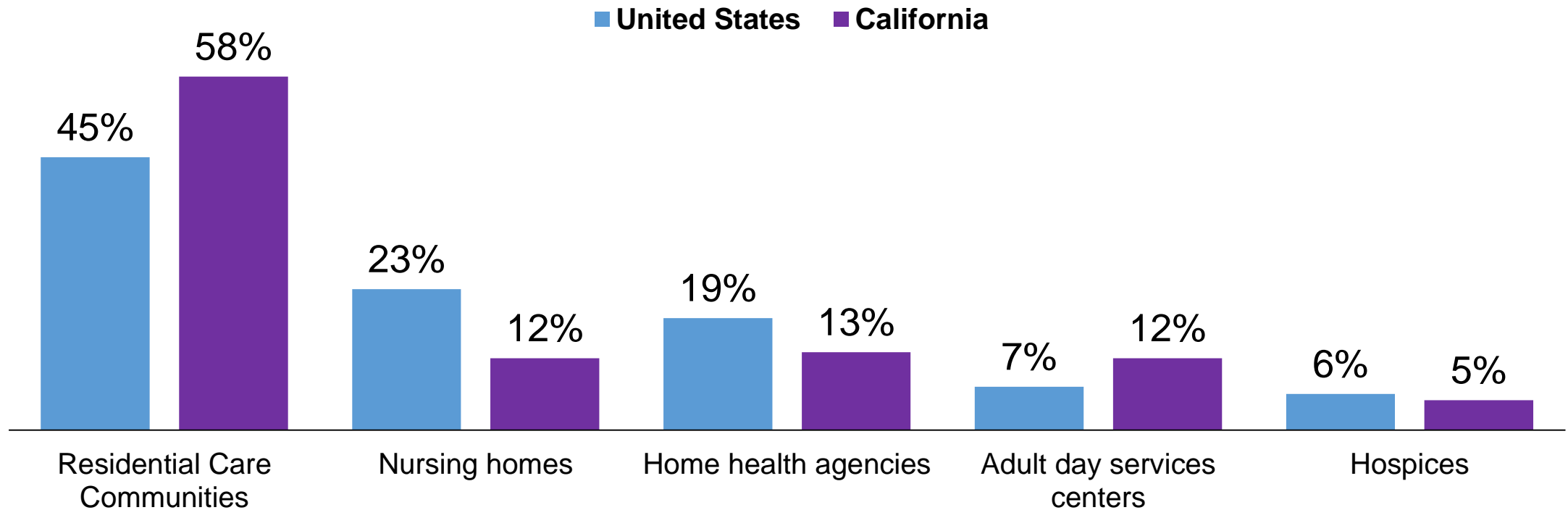
## Overview

- Sponsored by CDC's National Center for Health Statistics
- Integrated biennial initiative to monitor trends in paid, regulated long-term care
- Includes five sectors
  - adult day services centers and participants
  - home health agencies and patients
  - hospices and patients
  - nursing homes and residents
  - residential care communities and residents

# Primary Study Goals

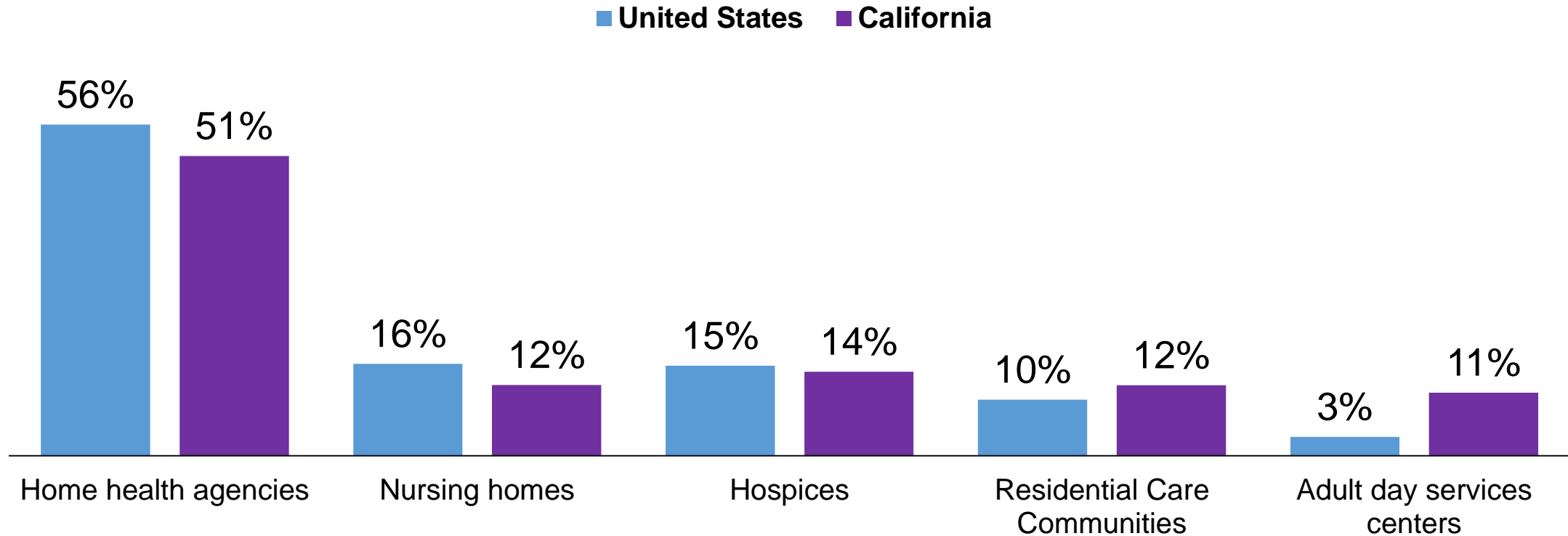
1. Estimate supply and use of paid, regulated long-term care services
2. Estimate key policy-relevant characteristics of providers and service users, and practices of providers
3. Produce national and state-level estimates, where possible
4. Compare within and between sectors
5. Examine trends over time

# Percent distribution of long-term care services providers, by sector: United States and California, 2013 and 2014



SOURCE: CDC/NCHS, Estimates for the United States can be found in *Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers, 2013–2014*. Link to report: [http://www.cdc.gov/nchs/data/series/sr\\_03/sr03\\_038.pdf](http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf). State estimates can be found in *Long-Term Care Providers and Services Users in the United States—State Estimates Supplement: National Study of Long-Term Care Providers, 2013–2014*. Link to report: [http://www.cdc.gov/nchs/data/nsltcp/2014\\_nsltcp\\_state\\_tables.pdf](http://www.cdc.gov/nchs/data/nsltcp/2014_nsltcp_state_tables.pdf).

# Percent distribution of long-term care services users, by sector: United States and California, 2013 and 2014



SOURCE: CDC/NCHS, Estimates for the United States can be found in *Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers, 2013–2014*. Link to report:

[http://www.cdc.gov/nchs/data/series/sr\\_03/sr03\\_038.pdf](http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf). State estimates can be found in *Long-Term Care Providers and Services Users in the United States—State Estimates Supplement: National Study of Long-Term Care Providers, 2013–2014*. Link to report:

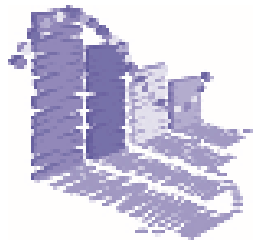
[http://www.cdc.gov/nchs/data/nsltcp/2014\\_nsltcp\\_state\\_tables.pdf](http://www.cdc.gov/nchs/data/nsltcp/2014_nsltcp_state_tables.pdf).



# 2016 Adult Day Services Center Survey Eligibility Criteria

- Included in the National Adult Day Services Association's data base and in operation as of November 2015;
- Licensed or certified by State specifically to provide adult day services, or accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), or authorized or otherwise set up to participate in Medicaid, or part of a program of All-Inclusive Care for the Elderly (PACE);
- One or more average daily attendance of participants based on a typical week; and
- One or more participants enrolled at the center at the location at the time of the survey.

# Does this look familiar?



## National Study of Long-Term Care Providers

### 2016 Adult Day Services Center Questionnaire

Dear Director,

The Centers for Disease Control and Prevention conducts the National Study of Long-Term Care Providers. Please complete this questionnaire about the adult day services center at the location listed below.

- **If this adult day services center is part of a multi-facility campus or has more than one adult day license, answer only for the place listed below.**
- Please consult records and other staff as needed to answer questions.

# 2016 Adult Day Services Center Survey

- Initial survey packets were mailed to all adult day services providers August 9-12
- There are two versions of the questionnaire
  - Respondents should only submit the version received in the questionnaire packet
  - Increase new content without increasing burden on respondent
    - Falls prevalence, outcomes, risk assessments, and interventions
    - Participant living arrangements
    - Advance directives prevalence, policy, and practice
  - New core items common to both questionnaires
    - Service delivery models
    - Specialized centers
  - State estimates for core items and national estimates for version specific topics

# Survey Content Collected in 2016

## Center Characteristics

- Ownership type
- Revenue sources
- Licensure/certification
- # of enrolled participants
- Years in operation
- Services provided
- Staffing
- Screening practices
- Electronic health records and Electronic Health Information Exchange

## Participant Characteristics

- Demographics
- Selected diagnoses
- Need for assistance w/ ADLs
- Falls prevalence
- Hospitalizations
- Emergency room visits
- Living arrangements

# New Survey Content Collected in 2016

## Center Characteristics

- Models of care
- Specialization
- Fall Risk Assessment Tools
- Falls Reduction Interventions
- Advance Directives

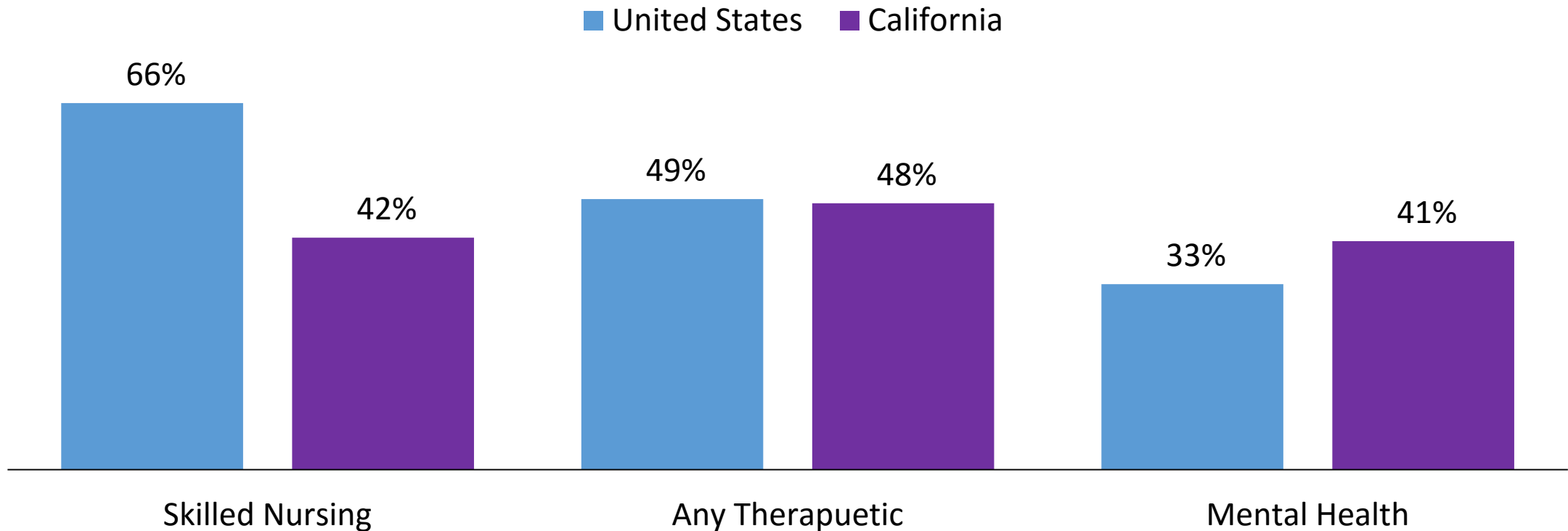
## Participant Characteristics

- Additional selected diagnoses
- Falls prevalence and outcomes
- Living arrangements
- Hospice services
- Living arrangements
- Items to inform future surveys

Results from the 2014 National Study of Long-Term Care Providers

## **The Quality Imperative**

# Percentage of adult day services centers that provide selected services, 2014

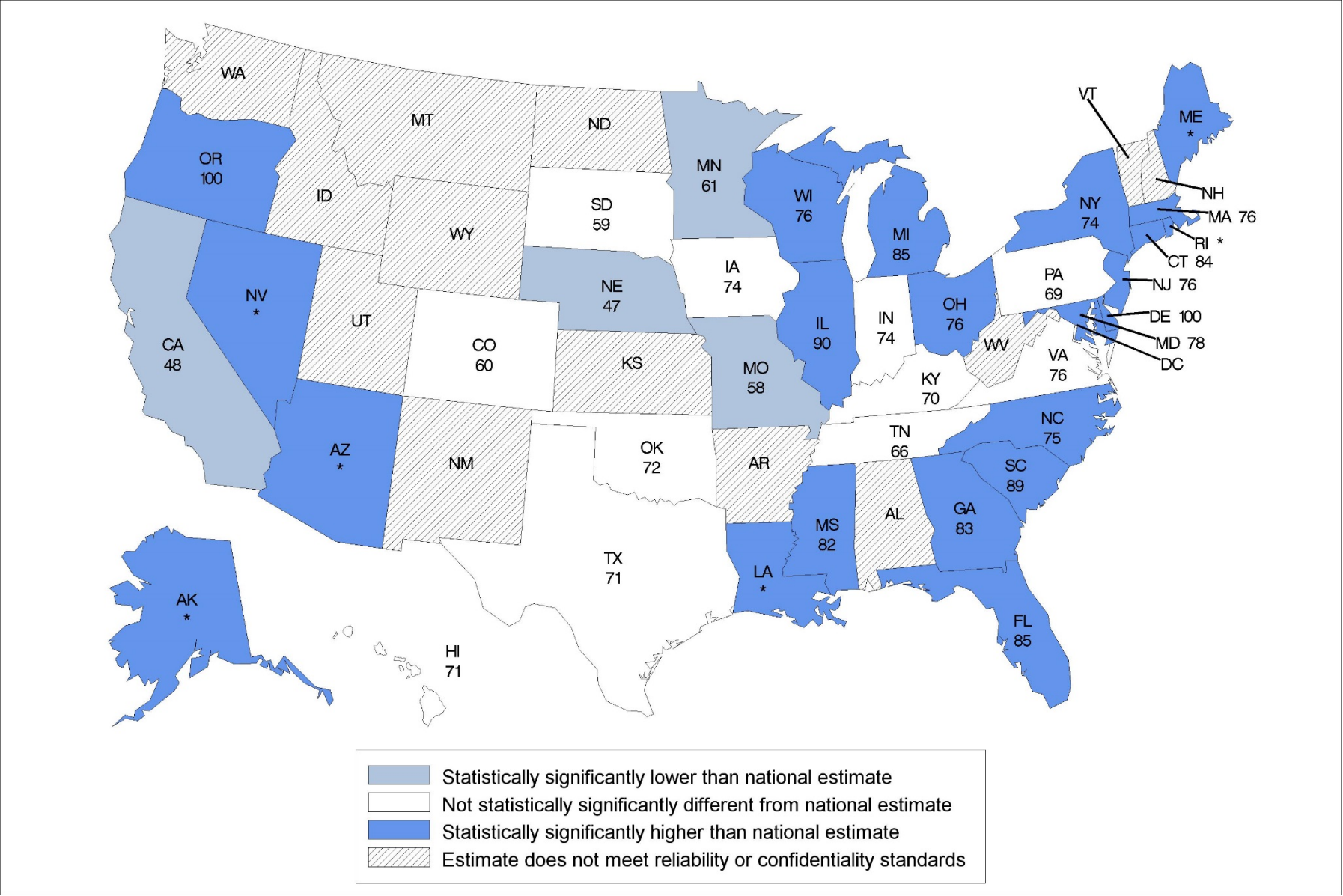


Notes: Differences between estimates for the United States and California are statistically significant at the  $p < .05$  level of significance for Skilled Nursing and Mental Health Services.

SOURCE: Rome, V. *Characteristics of Adult Day Services Centers and Participants in California: Findings from the 2014 National Study of Long-Term Care Providers*. Delivered to the California Association of Adult Day Services in Long Beach, CA. November, 2015. Link to presentation:

[http://www.cdc.gov/nchs/data/nsltcp/rome\\_caads15\\_11-12-2015.pdf](http://www.cdc.gov/nchs/data/nsltcp/rome_caads15_11-12-2015.pdf)

# Percentage of adult day services centers offering Alzheimer's disease and other dementia programming, United States 2014

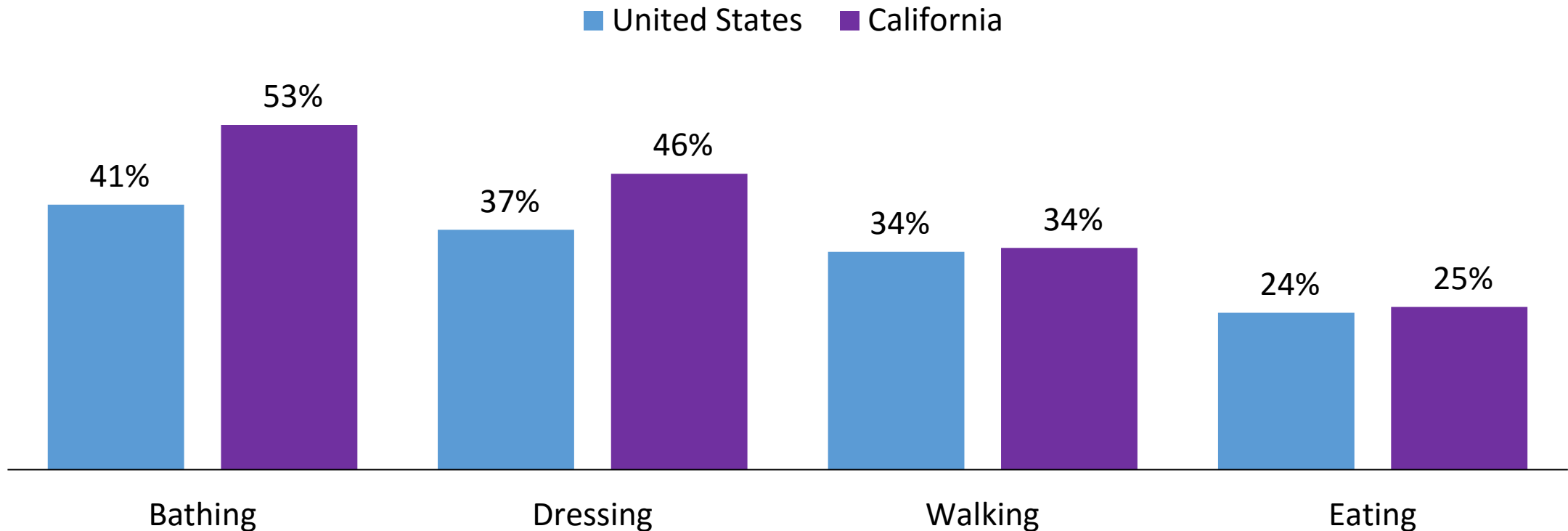


Note: The national estimate is 69%. Significance tested at p<0.05.

SOURCE: NCHS, National Study of Long-Term Care Providers, 2014



# Percent of adult day services center participants by assistance with selected activities of daily living: United States and California, 2014

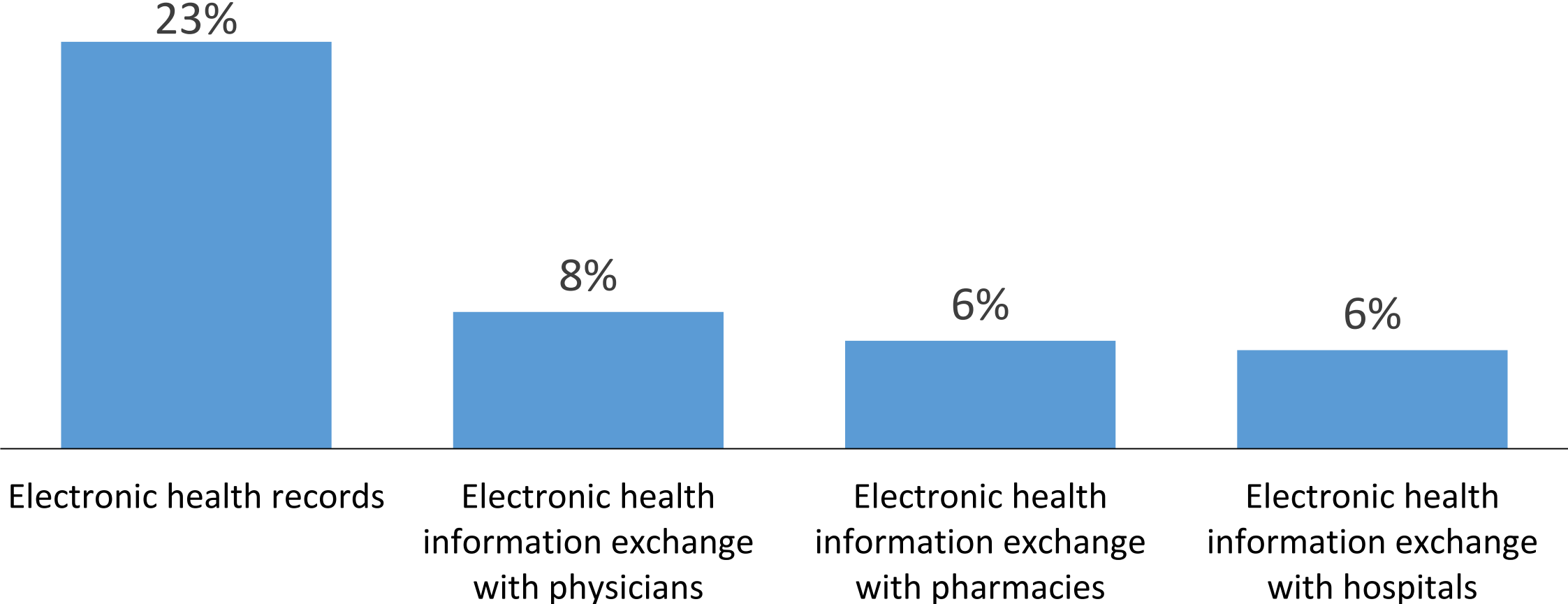


Notes: Differences between estimates for the United States and California are statistically significant at the  $p < .05$  level of significance for bathing and dressing.

SOURCE: Rome, V. *Characteristics of Adult Day Services Centers and Participants in California: Findings from the 2014 National Study of Long-Term Care Providers*. Delivered to the California Association of Adult Day Services in Long Beach, CA. November, 2015. Link to presentation:

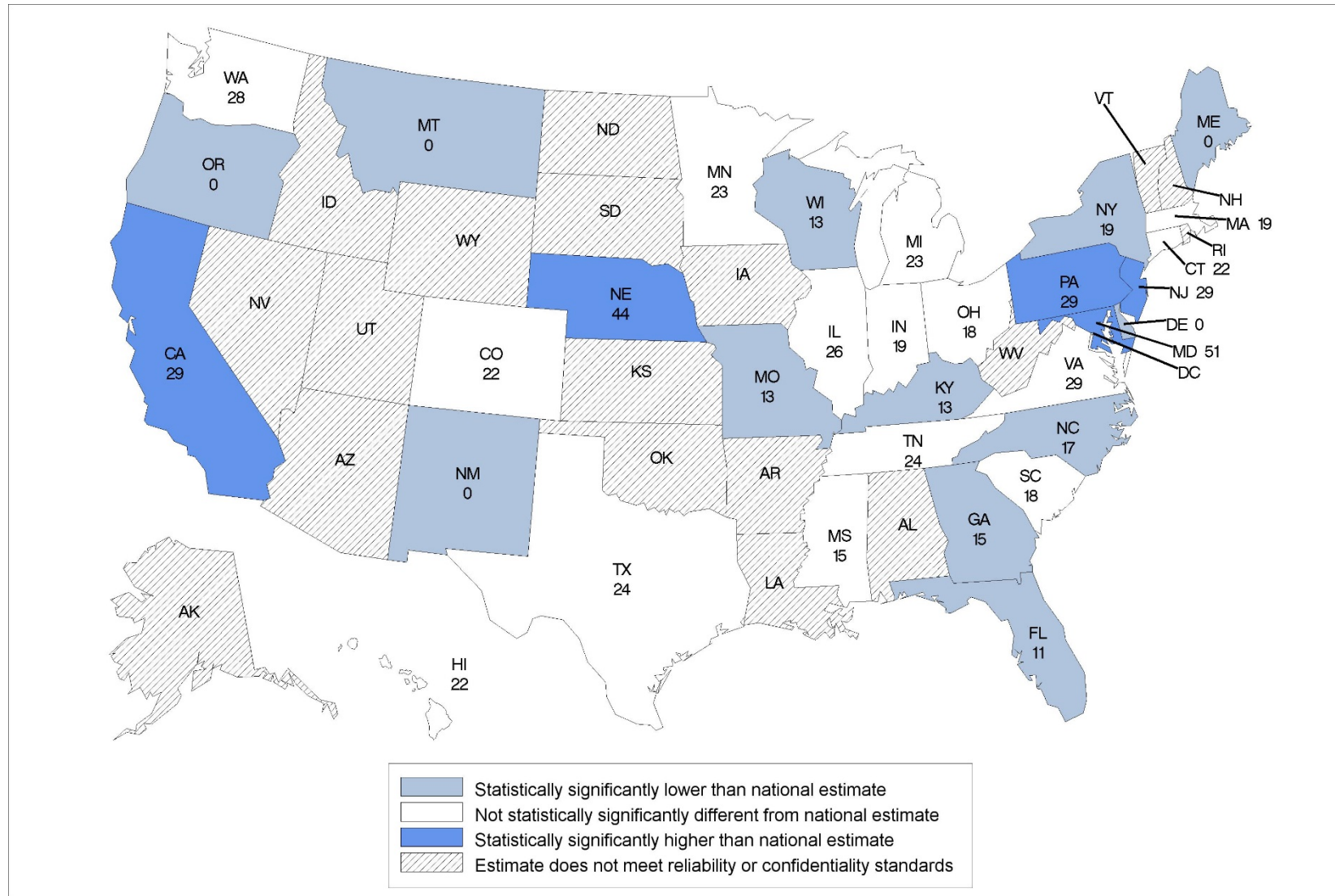
[http://www.cdc.gov/nchs/data/nsltcp/rome\\_caads15\\_11-12-2015.pdf](http://www.cdc.gov/nchs/data/nsltcp/rome_caads15_11-12-2015.pdf)

# Percentage of centers that have a computerized system for health information exchange with physicians, pharmacies, or hospitals: United States, 2014



SOURCE: NCHS, *QuickStats*: Percentage of Long-Term Care Services Providers\* That Use Electronic Health Records† and Have a Computerized System for Electronic Health Information Exchange,§ by Provider Sector and Type of Electronic Health Information — United States, 2014. Link to Quickstat: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6445a8.htm?s\\_cid=mm6445a8\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6445a8.htm?s_cid=mm6445a8_e)

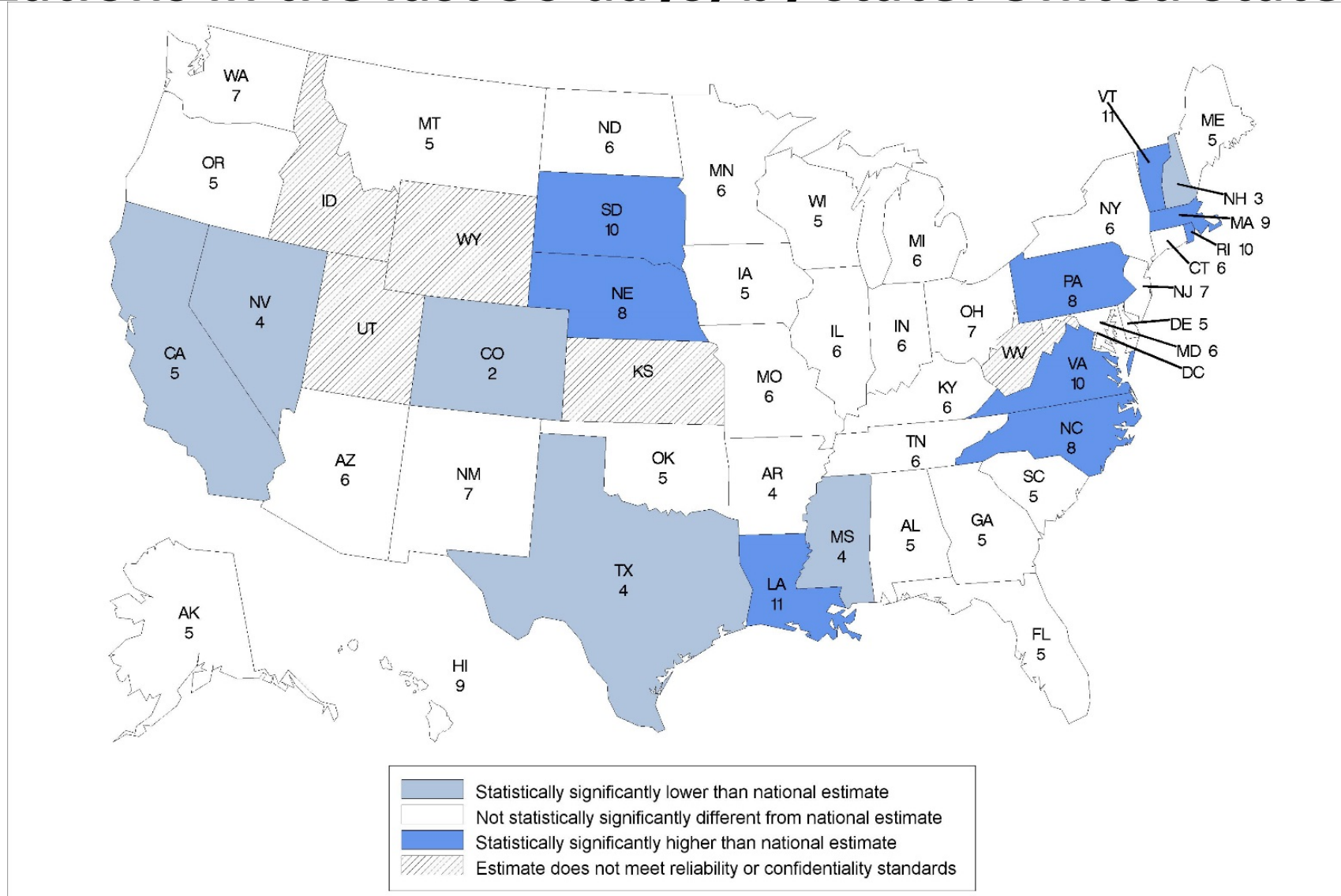
# Percentage of adult day services centers that use electronic health records: United States, 2014



Statistical significance tested at  $p < 0.05$ .

Note: The national percentage is 23%.

# Percentage of adult day services center participants that had any hospitalizations in the last 90 days, by state: United States, 2014



Note: The national percentage is 6%. Statistical significance tested at  $p < 0.05$ .

SOURCE: NCHS, National Study of Long-Term Care Providers, 2014

# How Can NSLTCP Findings Help With Planning to Meet The Needs of Your Participants?

- Provides performance benchmarks for your center and other centers across your state and nation
- Internal planning:
  - Addressing chronic conditions and unmet needs
  - Measure of frailty in center and sector across states and nation
  - Consider evidence-based interventions and programs
  - Measure of center payer-mix and participant resources
  - Identify changes in conditions and services over time
- Meeting state reporting requirements
- Communicate with public and policymakers regarding services

# Using NSLTCP Findings For Promotion of Adult Day Services Within States and Nationally

- Increases the visibility of the sector among policymakers and the public
- State-level, cross-sector comparisons provide basis for including adult day services in national and state-specific definitions of LTSS and post-acute care
- Provide evidence of the viability of the adult day services sector in meeting the needs of a diverse set of participants

2016 National Study of Long-Term Care Providers

**Examining 2016 questionnaire content using data  
from the 2014 Adult Day Services Center Survey**

# Acknowledgements

Some of the following slides contain questionnaire content added to the 2016 NSLTCP Adult Day Services Center Survey. NCHS appreciates the feedback provided by these experts:

- Teresa Johnson, Former Director (National Adult Day Services Association)
- Lydia Missealides, Executive Director (California Association for Adult Day Services)
- Peter Notarstefano, Director (Home and Community-Based Services, LeadingAge)
- Keith A. Anderson, MSW, PhD (University of Montana)
- Holly Dabelko-Schoeny, MSW, PhD (The Ohio State University)
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- Emily Rosenoff (HHS, Office of the Assistant Secretary for Planning and Evaluation)
- Janet O'Keeffe (HHS, Office of the Assistant Secretary for Planning and Evaluation)
- Anne Hill, Executive Director (New York Adult Day Health Care Council)



# Service Delivery Models

Which **one** of the following best describes the participant needs that the **services of this center** are designed to meet?

## **MARK ONLY ONE ANSWER**

- ONLY social/recreational needs—NO health/medical needs
- PRIMARILY social/recreational needs and SOME health/medical needs
- EQUALLY social/recreational and health/medical needs
- PRIMARILY health/medical needs and SOME social/recreational needs
- ONLY health/medical needs—NO social/recreational needs

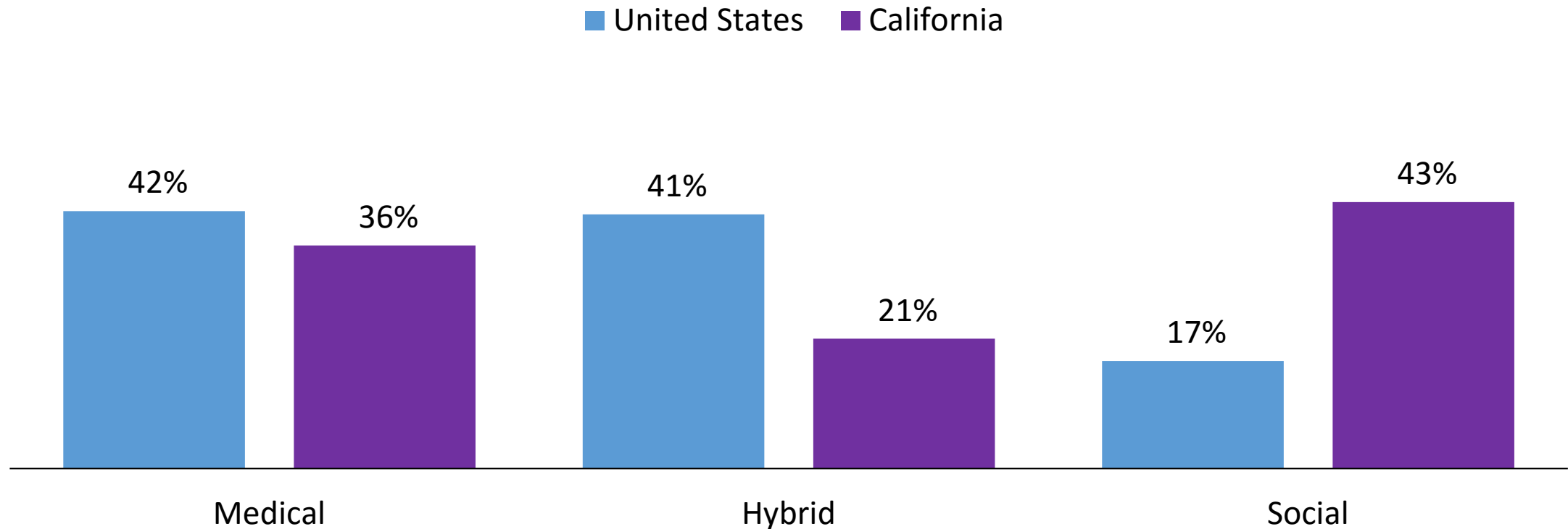
## Required and Optional Services

All adult day and ADHC programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants' health and functioning at a basic level to determine if the program can continue to meet participants' health and functional needs. The table below lists additional required and optional services.

REQUIRED AND OPTIONAL SERVICES	ADULT DAY CARE		ADULT DAY HEALTH CARE	
	REQUIRED	OPTIONAL	REQUIRED <sup>1</sup>	OPTIONAL <sup>2</sup>
ADL Assistance	X		X	
Health Education and Counseling	X		X	
Health Monitoring/Health-Related Services	X		X	
Medication Administration		X	X	
Nursing Services		X	X	
Physical Therapy, Occupational Therapy, or Speech Therapy			X	
Skilled Nursing Services		X	X	
Social Services	X		X	
Transportation	X <sup>3</sup>		X <sup>4</sup>	
<ol style="list-style-type: none"> <li>1. Medical and psychiatric or psychological services are also required.</li> <li>2. Additional optional services are podiatric services, optometric screening, and dental screening.</li> <li>3. Providers must furnish or arrange transportation, or assist in the transportation of participants to and from the program.</li> <li>4. Providers must either furnish or arrange transportation.</li> </ol>				



# Percent distribution of adult day services centers, by model of care: United States and California, 2014



NOTES: ADS center “model of care” is derived from the provision of skilled nursing and therapeutic/rehabilitative services, and the presence of licensed nursing employee or contract full-time equivalent staff. **Medical model** centers are defined as those that provide skilled nursing and therapeutic services, and have any licensed nursing staff employee or contract FTEs. **Social model** centers do not provide skilled nursing or therapeutic services, and do not have any licensed nursing staff employee or contract FTE’s. **Hybrid model** centers are a combination of medical and social model centers and are defined as those that provide some combination of skilled nursing and therapeutic services, or licensed nursing staff, but that do not meet the criteria of a medical mode center defined above.

SOURCE: NCHS, 2014 National Study of Long-Term Care Providers

# Specialized Adult Day Services

Is this a **specialized** center that serves **only** participants with a particular diagnosis, condition, or disability?

Yes

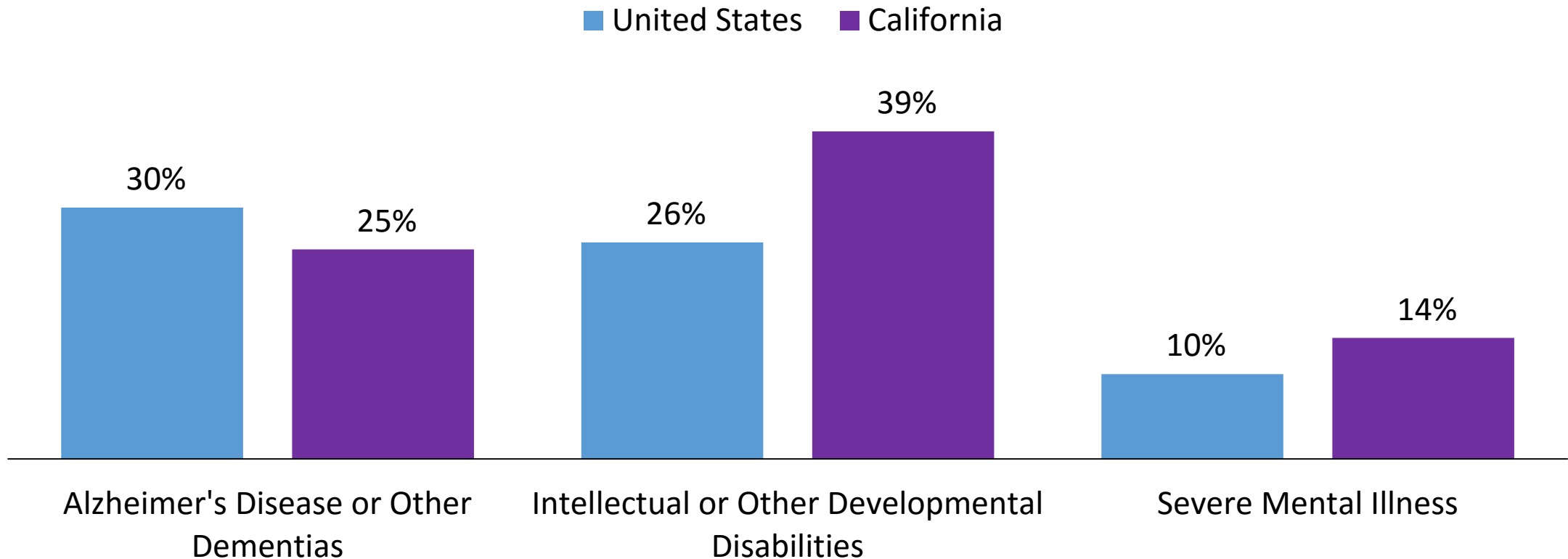
No

## In which of the following diagnoses, conditions, or disabilities does this center specialize?

### SELECT ALL THAT APPLY

- Alzheimer's disease or other dementias
- HIV/AIDS
- Intellectual or developmental disabilities
- Multiple sclerosis
- Parkinson's disease
- Post-stroke physical or mental impairments with a need for rehabilitative therapies
- Severe mental illness, such as schizophrenia and psychosis
- Traumatic brain injury
- Other (please specify)

# Percentage of adult day services center participants, by selected diagnoses: United States and California, 2014

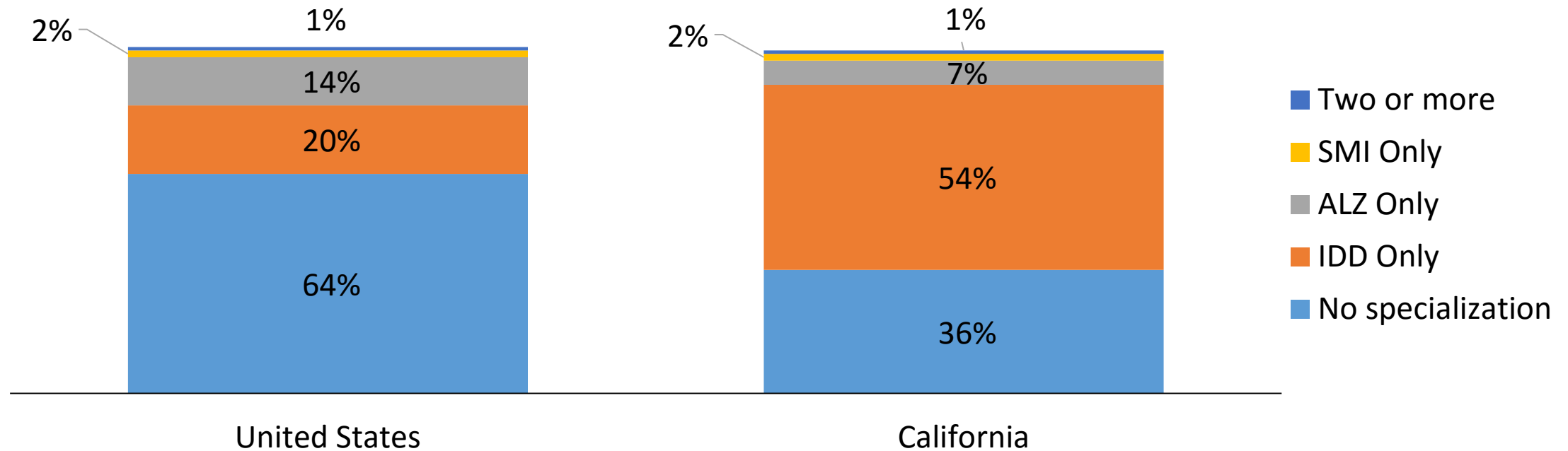


Notes: Differences between estimates for the United States and California are statistically significant at the  $p < .05$  level of significance for intellectual or other developmental disorders and severe mental illness.

SOURCE: Rome, V. *Characteristics of Adult Day Services Centers and Participants in California: Findings from the 2014 National Study of Long-Term Care Providers*. Presented to the California Association of Adult Day Services in Long Beach, CA. November, 2015. Link to presentation:

[http://www.cdc.gov/nchs/data/nsltcp/rome\\_caads15\\_11-12-2015.pdf](http://www.cdc.gov/nchs/data/nsltcp/rome_caads15_11-12-2015.pdf)

# Percent distribution of adult day services centers, by specialization: United States and California, 2014



NOTES: Specialization is categorized above as centers that only primarily serve participants with a diagnosis of (1) Alzheimer’s disease or other dementias (ALZ) , (2) intellectual or developmental disability (IDD), or (3) severe mental illness (SMI); (4) or primarily serve participants with two or more of the three diagnoses; (5) and centers that do not primarily serve participants with any of the three diagnoses. A definition of “primarily serves” can be found in the “definitions” section of the following report: <http://www.cdc.gov/nchs/data/databriefs/db224.htm>. Differences between the United States and California are statistically significantly different at  $p < .05$  among centers that only primarily serve participants with a diagnosis of Alzheimer’s disease and other dementias and intellectual and developmental disability; and for centers that do not primarily serve participants with any of these diagnoses.

SOURCE: NCHS, 2014 National Study of Long-Term Care Providers

# Adult Day Services Center Specialization and Model of Care

## *In the United States, the majority of...*

- **Social** model centers primarily served participants with a diagnosis of IDD only
- **Hybrid** model centers had no specialization
- **Medical** model centers had no specialization

## *In California, the majority of...*

- **Social** model centers primarily served participants with a diagnosis of IDD only
- **Hybrid** model centers primarily served participants with a diagnosis of IDD only
- **Medical** model centers had no specialization

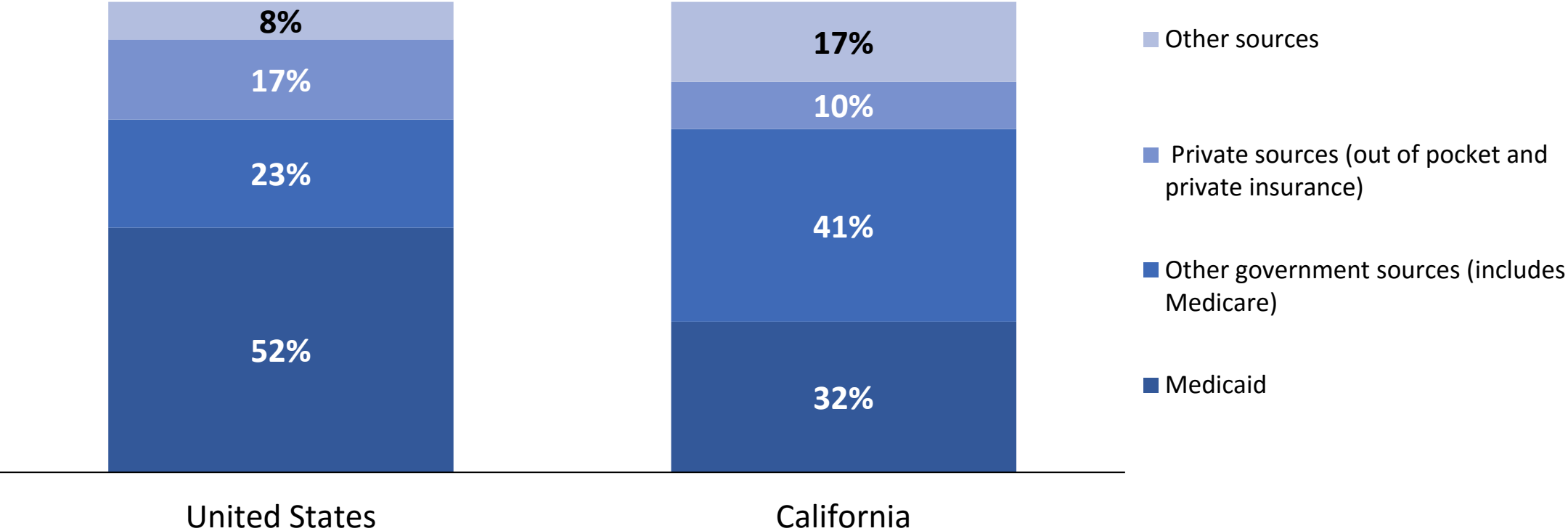


# Revenue from Paid Participant Fees

Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. **Enter "0" for any sources that do not apply.**

- Medicaid (include revenue from a Medicaid state plan, Medicaid waiver, Medicaid managed care, **or California regional center**)
- Medicare
- Older Americans Act**
- Veteran's Administration**
- Other federal, state or local government
- Out-of-pocket payment by the participant or family
- Private insurance
- Other source

# Percentage of Adult Day Services Center Revenue from Paid Participant Fees: United States and California, 2014



NOTES: Differences between the United States and California are statistically significant at the  $p < .05$  level of significance for all sources of revenue. Percentages are based on unrounded numbers. Estimates may not add up to totals because of rounding.

SOURCE: Rome, V. *Characteristics of Adult Day Services Centers and Participants in California: Findings from the 2014 National Study of Long-Term Care Providers*. Delivered to the California Association of Adult Day Services in Long Beach, CA. November, 2015. Link to presentation:

[http://www.cdc.gov/nchs/data/nsltcp/rome\\_caads15\\_11-12-2015.pdf](http://www.cdc.gov/nchs/data/nsltcp/rome_caads15_11-12-2015.pdf)

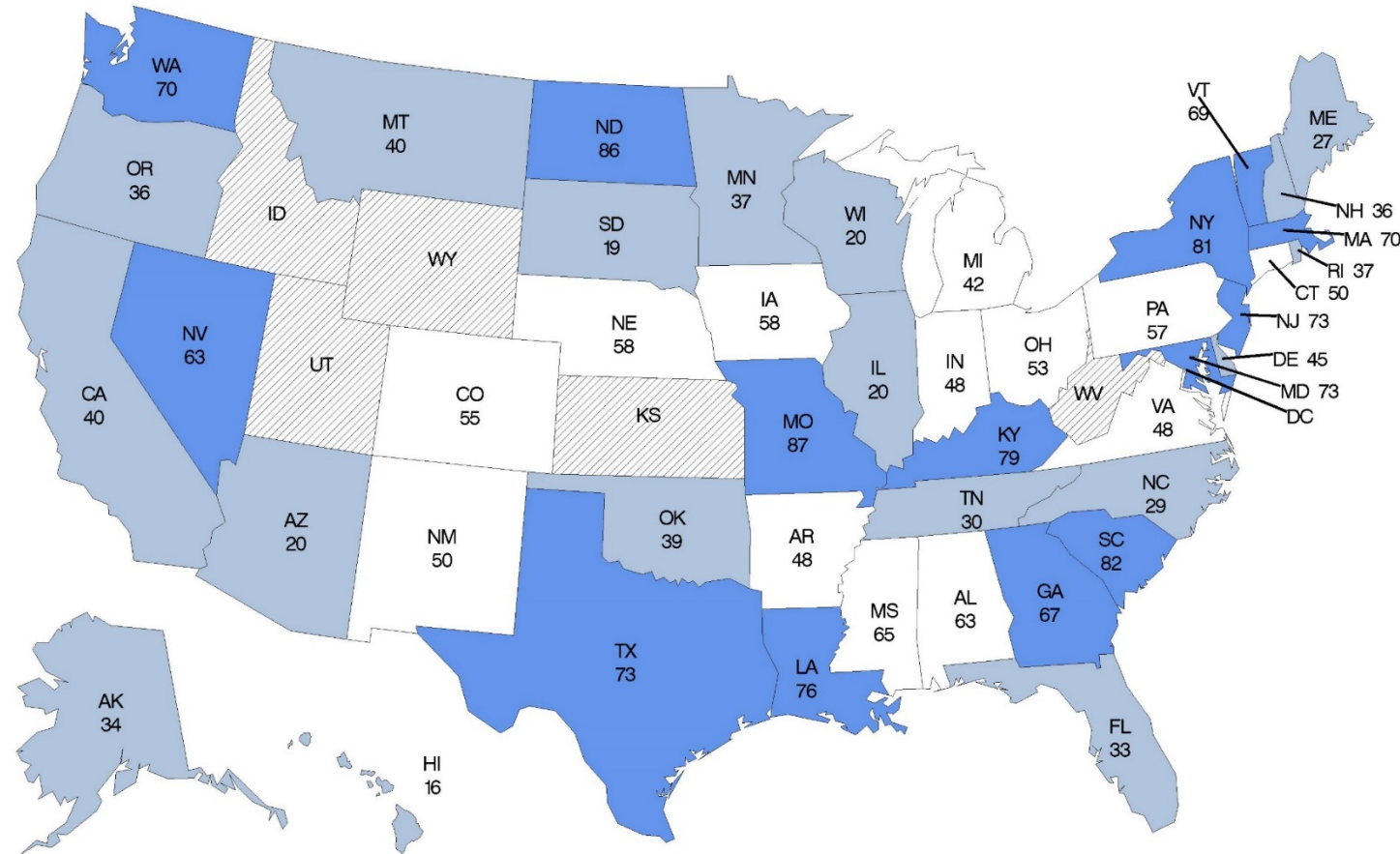
# Medicaid Prevalence

During the last 30 days, for how many of the participants currently enrolled at this adult day services center did Medicaid pay for some or all of their services received at this center? Please include any participants that received funding from a Medicaid state plan, Medicaid waiver, Medicaid managed care, **or California regional center.**

*If none, enter "0."*

Number of participants

# Percentage of participants that had some or all of their services paid for by Medicaid: United States, 2014



Statistically significantly lower than national estimate  
 Not statistically significantly different from national estimate  
 Statistically significantly higher than national estimate  
 Estimate does not meet reliability or confidentiality standards

Statistical significance tested at  $p < 0.05$ .

Note: The national percentage is 73%.

SOURCE: NCHS, National Study of Long-Term Care Providers, 2014

2018 Adult Day Services Center Questionnaire

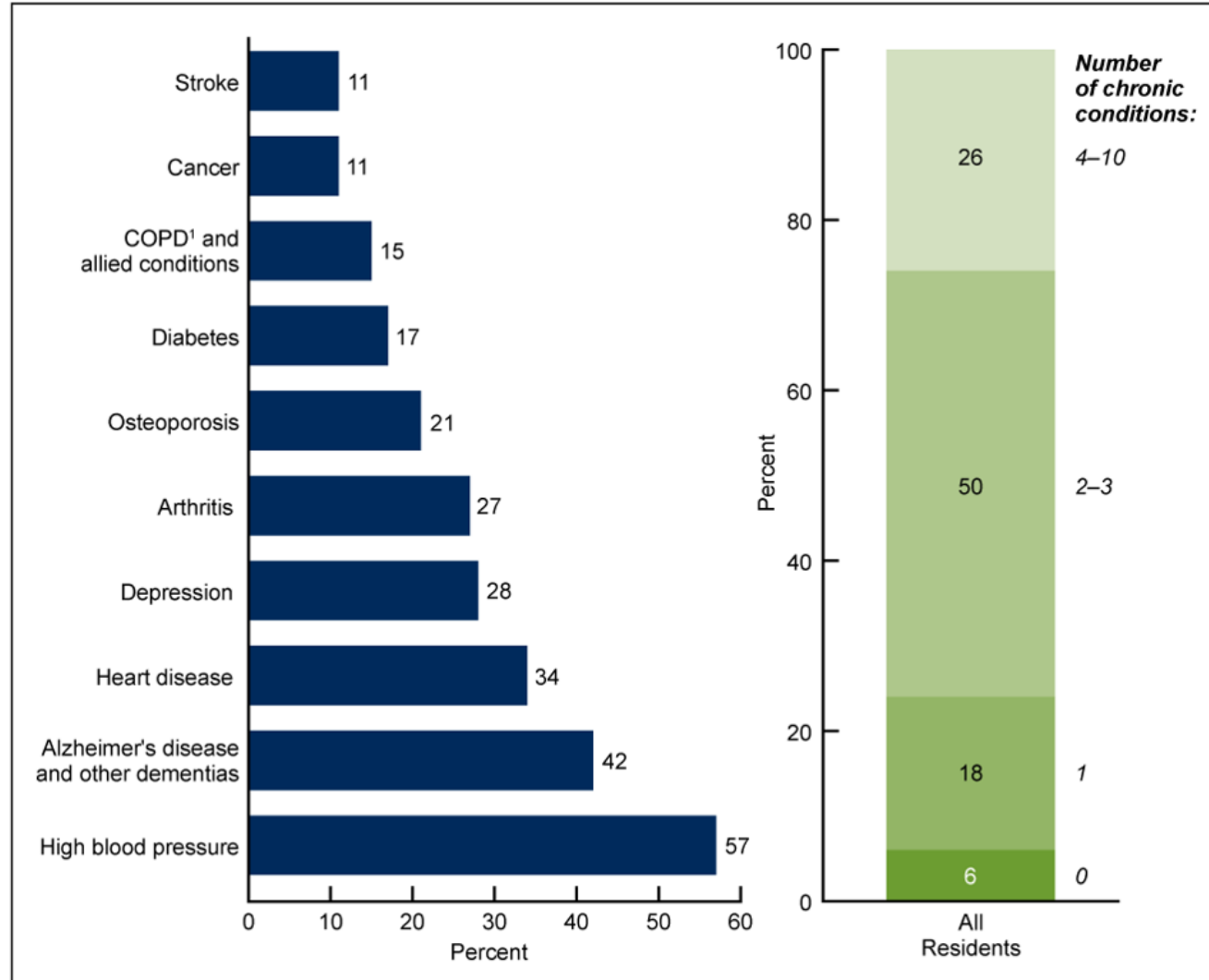
**New Survey Design and Content**

# Future Design Enhancements Starting in 2018

- Alternating study design every 2 years
- In 2018: Field enough cases to produce **national** estimates and collect **individual resident** information (e.g., residents by # of conditions, residents by age group and conditions)
- In 2012, 2014, and 2016: Field enough cases to produce both **state** and **national** estimates and collect **aggregate resident** information (e.g., residents by age group, residents by condition)

# Participant Level Survey: National Estimates Only

Figure 4. Most common chronic conditions of residential care residents: United States, 2010

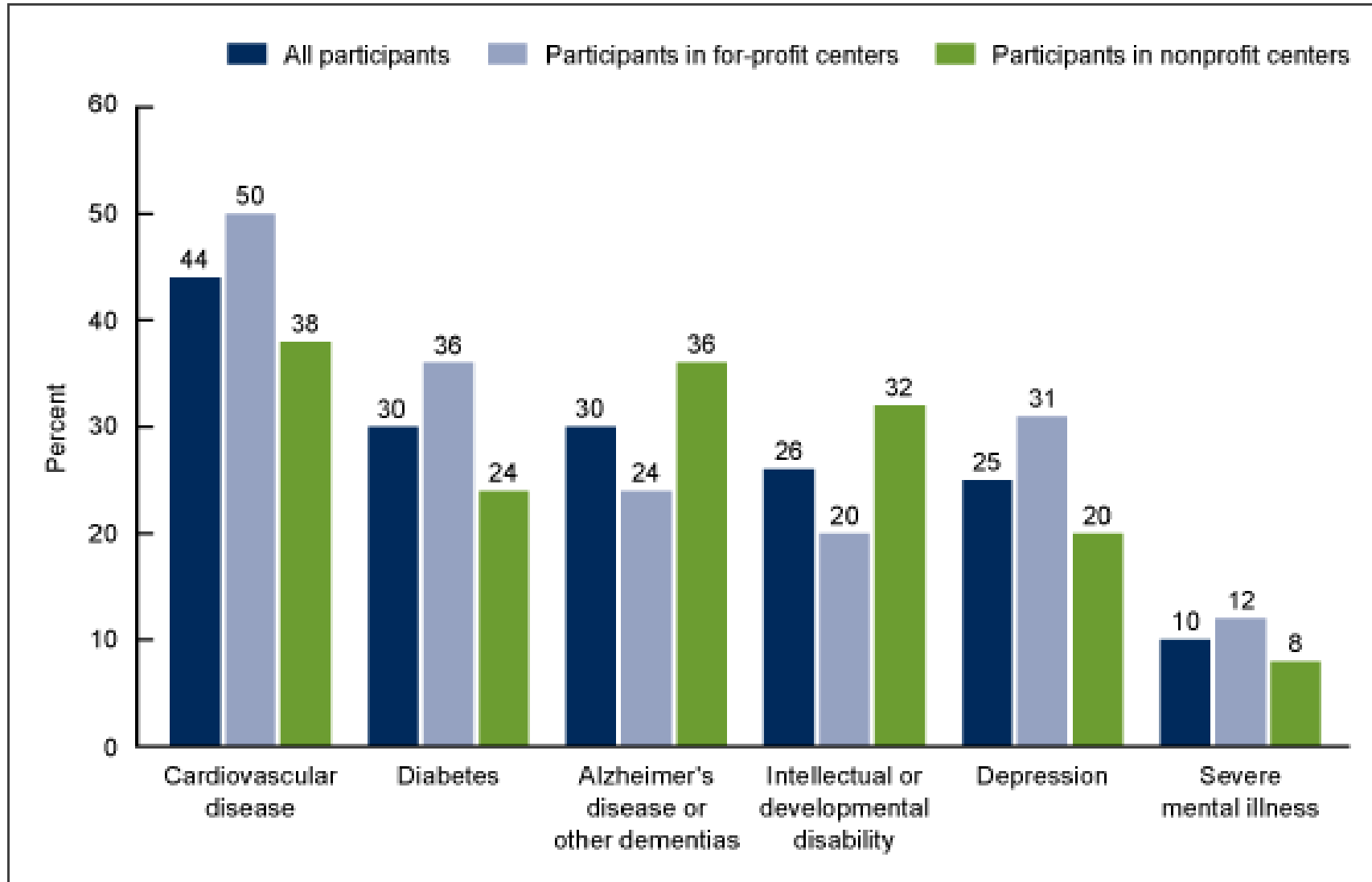


<sup>1</sup>Chronic obstructive pulmonary disease.

NOTE: Cases with missing data are excluded; see "Data sources and methods" section for detail.

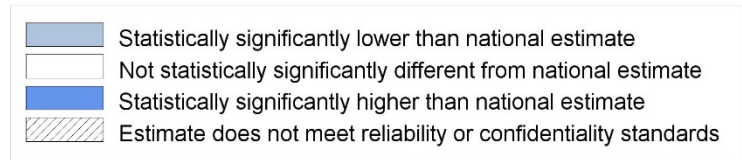
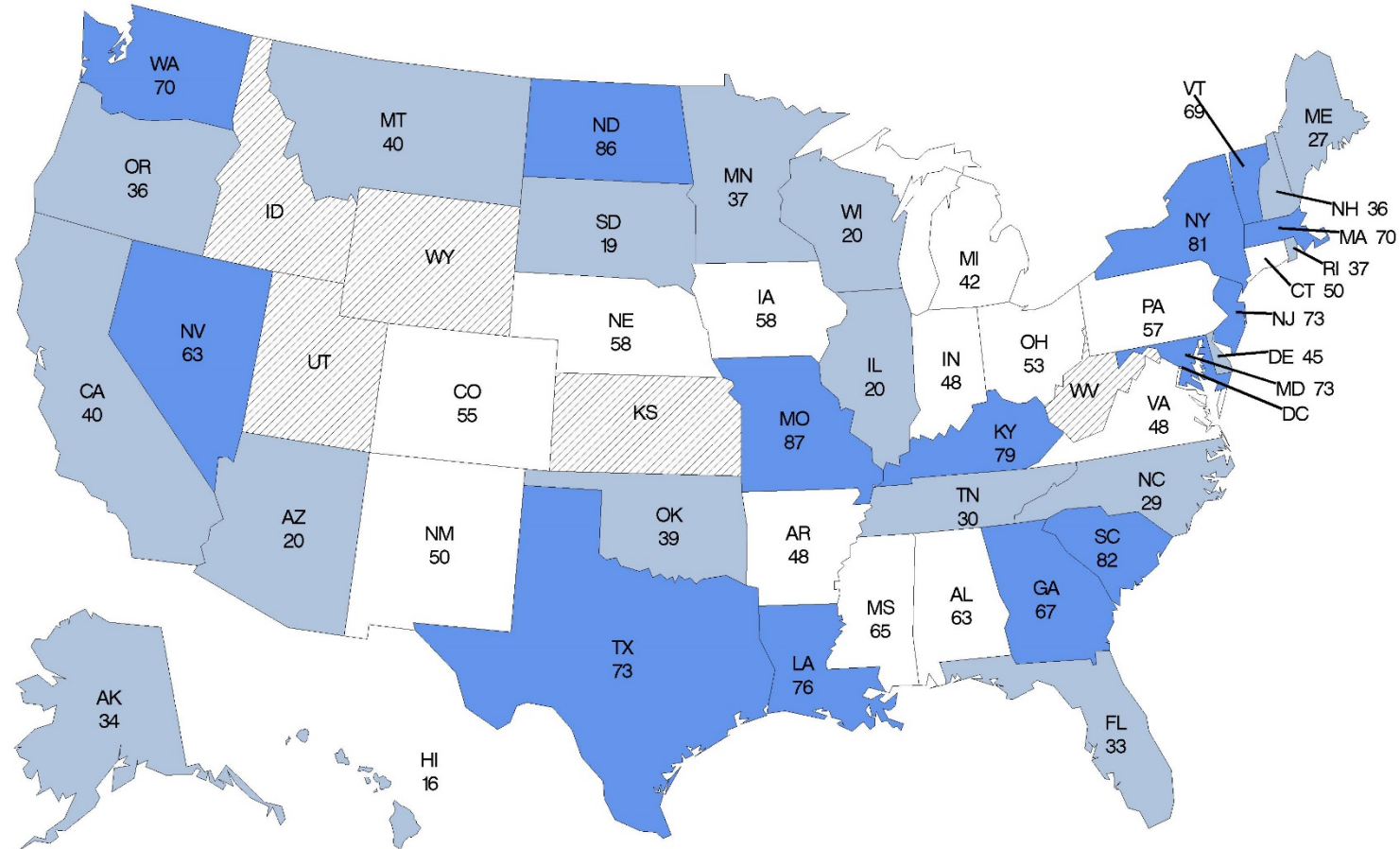
SOURCE: CDC/NCHS, National Survey of Residential Care Facilities, 2010.

# Center Level Survey: National Estimates





# Center Level Survey: State Estimates



# Availability of Survey Findings

- **Participant level** survey wave that produces national estimates only: **public use data file will be available**
- **Facility-level** survey wave that produces national and state estimates:
  - data will be released via free, publicly-accessible reports and publications
  - restricted survey data will be available through the NCHS Research Data Center

# Accessing Findings from the 2012 and 2014 Adult Day Services Center Surveys

Findings from the 2012 and 2014 Adult Day Services Center Survey can be accessed and downloaded from the following website:

[http://www.cdc.gov/nchs/nsltcp/nsltcp\\_products.htm](http://www.cdc.gov/nchs/nsltcp/nsltcp_products.htm)

- **Reports**
  - National Overview Report and figure slides
  - Adult Day Services Center and Participant Data Briefs and figure slides
- **National and State Estimates (Maps, Tables, and Figures)**
  - State estimate supplement tables for the adult day services center and participant data briefs and the national overview report
  - CDC's *Morbidity and Mortality Weekly Report (MMWR)* Quickstats
  - EHR Tables
- **Journal Articles**
- **Presentations**

## Variation in Operating Characteristics of Adult Day Services Centers, by Center Ownership: United States, 2014

Vincent Rome, M.P.H.; Lauren D. Harris-Kojetin, Ph.D.; and Eunice Park-Lee, Ph.D.

### Key findings

#### Data from the 2014 National Study of Long-Term Care Providers

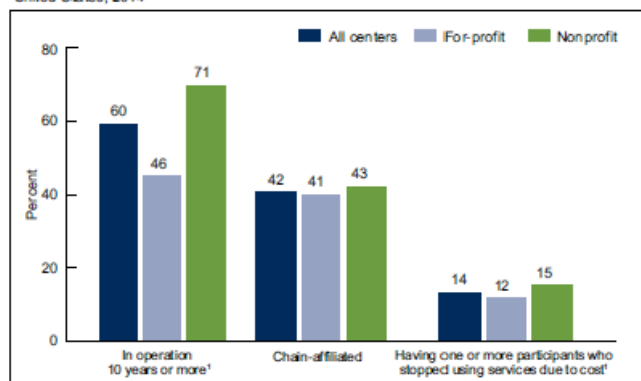
- In 2014, a higher percentage of nonprofit (71%) than for-profit (46%) adult day services centers had been in operation for 10 years or more.
- Compared with nonprofit centers, for-profit centers received a higher percentage of revenue from Medicaid and a lower percentage from private sources.
- A higher percentage of for-profit than nonprofit centers offered disease-specific programs for participants with cardiovascular disease, depression, and diabetes.
- A higher percentage of nonprofit than for-profit adult day services centers primarily served participants with select diagnoses.

More than one-quarter of a million participants were enrolled in 4,800 adult day services centers in the United States in 2014 (1,2). Unlike other long-term care providers, such as nursing homes, home health agencies, hospices, and residential care communities, the majority of adult day services centers are nonprofit (3). However, for-profit ownership of adult day services centers has increased, from 27% in 2010 to 40% in 2012, and more recently to 44% in 2014 (4,5). This report presents the most current national estimates of selected adult day services center operating characteristics, and compares these characteristics by center ownership. State estimates for the characteristics presented in this data brief are available online at: [http://www.cdc.gov/nchs/nsltcp/nsltcp\\_products.htm](http://www.cdc.gov/nchs/nsltcp/nsltcp_products.htm).

*Keyword: National Study of Long-Term Care Providers*

#### In 2014, a higher percentage of nonprofit than for-profit adult day services centers had been in operation for 10 years or more.

Figure 1. Selected operating characteristics of adult day services centers, by center ownership: United States, 2014



<sup>1</sup>Differences between for-profit and nonprofit centers are significant at the  $p < 0.05$  level.  
NOTE: Figure excludes cases with missing data; see "Data source and methods" for details.  
SOURCE: CDC/NCHS, National Study of Long-Term Care Providers, 2014.

## Variation in Adult Day Services Center Participant Characteristics, by Center Ownership: United States, 2014

Eunice Park-Lee, Ph.D.; Lauren D. Harris-Kojetin, Ph.D.; Vincent Rome, M.P.H.; and Jessica P. Lendon, Ph.D.

### Key Findings

#### Data from the 2014 National Study of Long-Term Care Providers

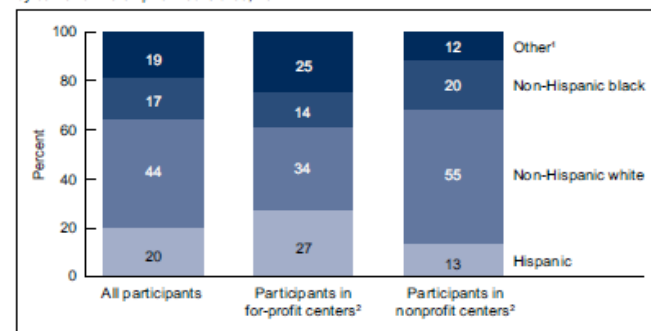
- The racial and ethnic composition of participants in for-profit adult day services centers was more diverse than in nonprofit centers.
- About 61% of participants in for-profit centers received Medicaid, compared with 46% of those in nonprofit centers.
- The percentage of participants living with Alzheimer's disease or with intellectual or developmental disability was higher in nonprofit adult day services centers than in for-profit centers.
- The percentage of participants needing assistance with dressing, toileting, and eating was higher in nonprofit centers than in for-profit centers.
- A higher percentage of participants in nonprofit centers (9%) than in for-profit centers (7%) had fallen in the last 90 days.

More than one-quarter million participants were enrolled in adult day services centers in the United States on the day of data collection in 2014 (1). The number of for-profit adult day services centers has grown in recent years (2). In 2012, 40% of adult day services centers were for-profit, serving more than one-half of all participants (3–5). This report presents the most current national estimates of selected characteristics of participants in adult day services centers and compares these characteristics by center ownership type. State-level estimates for the characteristics presented in this report are available online at [http://www.cdc.gov/nchs/nsltcp/nsltcp\\_products.htm](http://www.cdc.gov/nchs/nsltcp/nsltcp_products.htm).

*Keywords: medical conditions • activities of daily living (ADLs) • home and community-based services • National Study of Long-Term Care Providers*

#### The racial and ethnic composition of participants in for-profit adult day services centers was more diverse than in nonprofit centers.

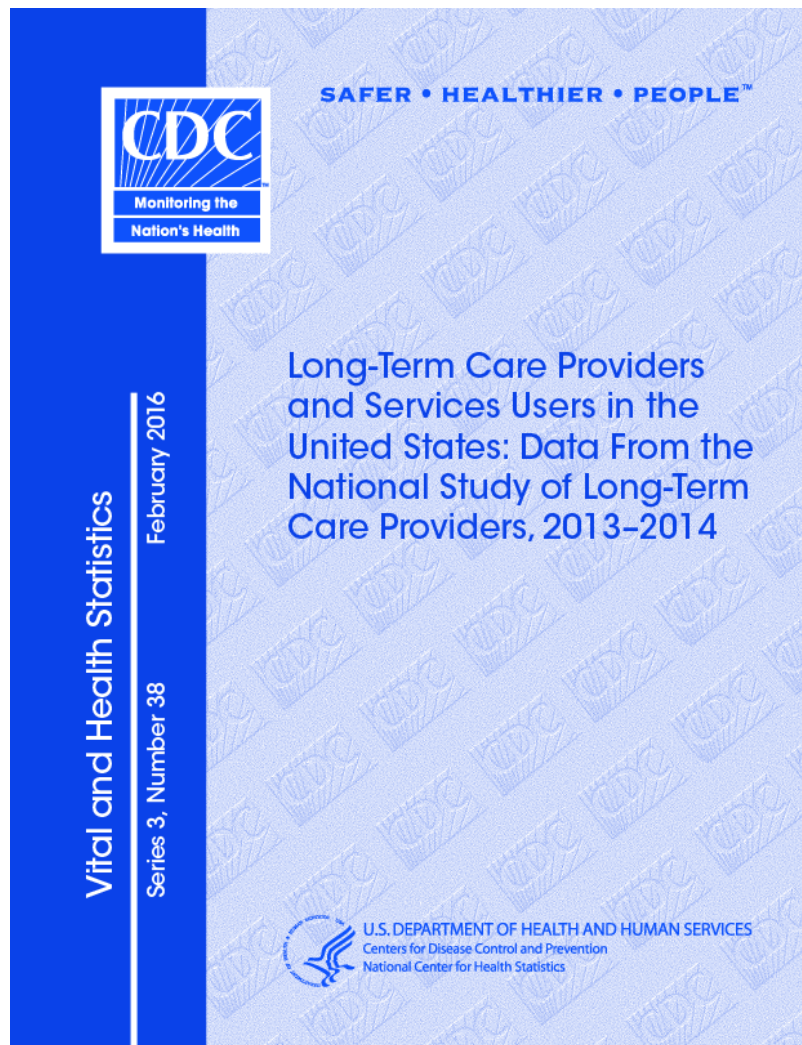
Figure 1. Percent distribution of race and ethnicity among adult day services center participants, by center ownership: United States, 2014



<sup>1</sup>Includes participants of the following racial and ethnic backgrounds: non-Hispanic American Indian or Alaska Native, non-Hispanic Asian, non-Hispanic Native Hawaiian or other Pacific Islander, non-Hispanic of two or more races, other race or ethnicity category not reported in the center's system, and unknown race and ethnicity.  
<sup>2</sup>Significant difference between participants in for-profit and nonprofit centers ( $p < 0.05$ ).  
NOTES: Cases with missing data are excluded; see "Data source and methods" for details. Percentages are based on unrounded numbers; estimates may not sum to totals because of rounding.  
SOURCE: CDC/NCHS, National Study of Long-Term Care Providers, 2014.



# Vital and Health Statistics, Series 3 Report



Link to source: [http://www.cdc.gov/nchs/data/series/sr\\_03/sr03\\_038.pdf](http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf)  
Source: CDC/NCHS, National Study of Long-Term Care Providers, 2016

# Vital and Health Statistics, Series 3 Report State Tables

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**Table 5. Providers and Users of Long-Term Care Services in California, by Provider Type and Selected Characteristics**

Selected characteristic	Adult day services center		Home health agency		Hospice		Nursing home		Residential care community	
	Number or percent (standard error)									
<b>Organization</b>										
Number of providers <sup>1</sup>	1,100	(1)	1,100	(32)	300	(17)	1,200	(34)	3,200	(30)
Number of beds or licensed maximum capacity <sup>2</sup>	80,200	(1,500)	...	...	...	...	121,000	(3,900)	103,300	(5,100)
Average capacity	75	(1.4)	---	---	---	---	98	(1.7)	32	(1.6)
Average number of people served	52	(1.1)	---	---	---	---	83	(1.4)	26	(1.3)
<b>Metropolitan statistical area status (percent):</b>										
Metropolitan	96.4	(0.5)	98.2	(0.4)	96.9	(1.0)	96.8	(0.5)	*	*
Micropolitan or neither	3.6	(0.5)	1.8	(0.4)	3.1	(1.0)	3.2	(0.5)	*	*
<b>Ownership (percent):</b>										
For-profit	42.4	(1.3)	88.1	(1.0)	73.4	(2.5)	81.9	(1.1)	87.8	(2.2)
Not-for-profit, government, or other	57.6	(1.3)	11.9	(1.0)	26.6	(2.5)	18.1	(1.1)	12.2	(2.2)
<b>Number of people served (percent):<sup>3</sup></b>										
Category 1	24.7	(1.1)	31.8	(1.4)	31.0	(2.6)	5.7	(0.7)	77.7	(0.7)
Category 2	66.6	(1.3)	27.4	(1.3)	24.5	(2.4)	69.6	(1.3)	15.0	(1.0)
Category 3	8.7	(0.8)	30.7	(1.4)	33.4	(2.6)	24.7	(1.2)	7.4	(0.6)
Missing <sup>4</sup>	...	...	10.1	(0.9)	11.1	(1.8)	...	...	...	...
<b>Staffing<sup>5</sup></b>										
Number of nursing employee FTEs	4,257	(141)	10,316	(432)	4,037	(368)	74,773	(2,348)	23,870	(1,514)
<b>Nursing employee FTEs (percent):</b>										
Registered nurse	18.2	(0.7)	55.4	(1.1)	54.2	(1.2)	13.4	(0.2)	7.2	(1.9)
Licensed practical nurse or licensed vocational nurse	9.5	(0.4)	30.0	(1.0)	13.3	(0.9)	21.8	(0.3)	6.9	(0.8)
Aide	72.3	(0.9)	14.6	(0.7)	32.5	(1.0)	64.8	(0.3)	86.0	(2.1)
<b>Providers with one or more employee FTEs (percentage):</b>										
Registered nurse	37.7	(1.3)	100.0	(0.0)	100.0	(0.0)	98.1	(0.4)	20.4	(3.0)
Licensed practical nurse or licensed vocational nurse	29.5	(1.2)	87.9	(1.0)	68.7	(2.6)	94.5	(0.7)	19.8	(2.0)

NOTES: State tables for the 2016 Vital and Health Statistics, Series 3 Report will be released later this month.

Link to source: [http://www.cdc.gov/nchs/data/nsltcp/State\\_estimates\\_for\\_NCHS\\_Series\\_3\\_37.pdf](http://www.cdc.gov/nchs/data/nsltcp/State_estimates_for_NCHS_Series_3_37.pdf)

Source: CDC/NCHS, National Study of Long-Term Care Providers, 2012

**Update on the 2016 National Study of Long-Term Care Providers**

**Progress and Goals for California Adult  
Day Services Centers**

# 2016 NSLTCP Survey Fielding Timeline

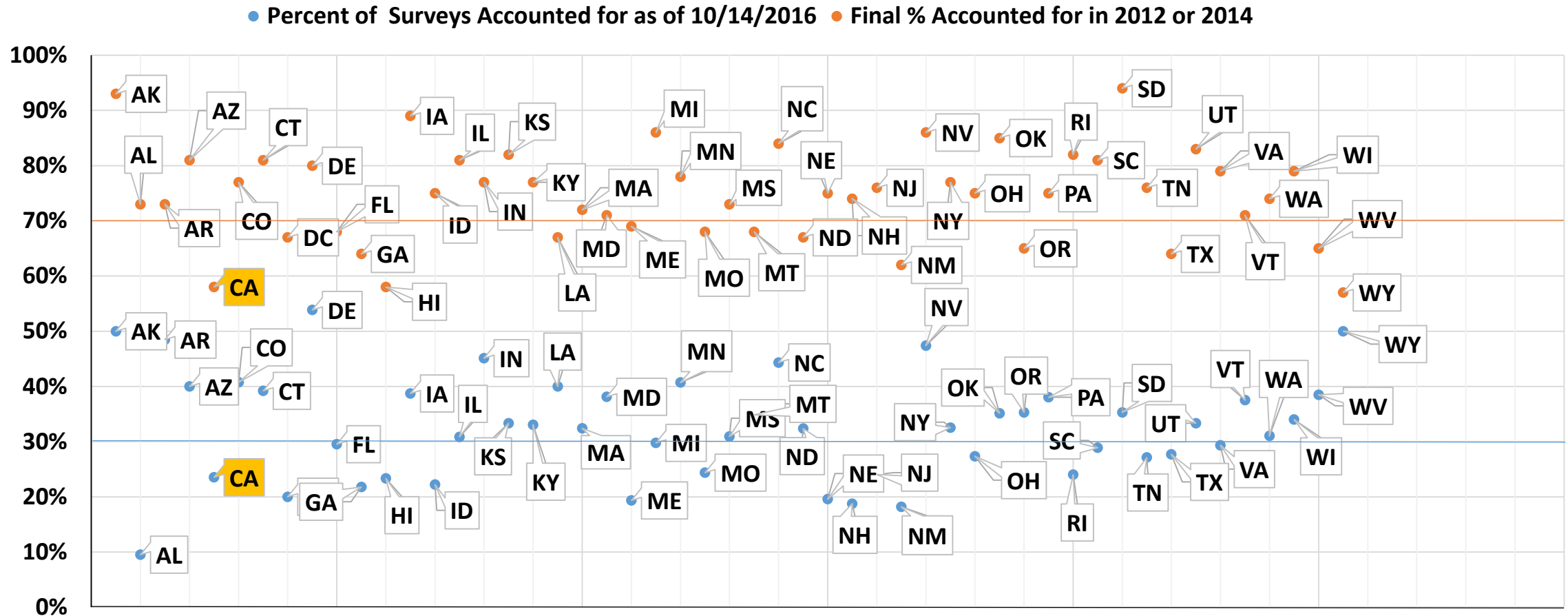
Activity	Date
Initial Questionnaire Mailout	August 9-12, 2016
Follow-up 1 Questionnaire Mailout	September 13-16
Follow-up 2 Questionnaire Mailout	October 18-21
CATI Calls	October 20, 2016 - February 10, 2017
END Data Collection	February 24, 2017



# Percentage of Centers Accounted For

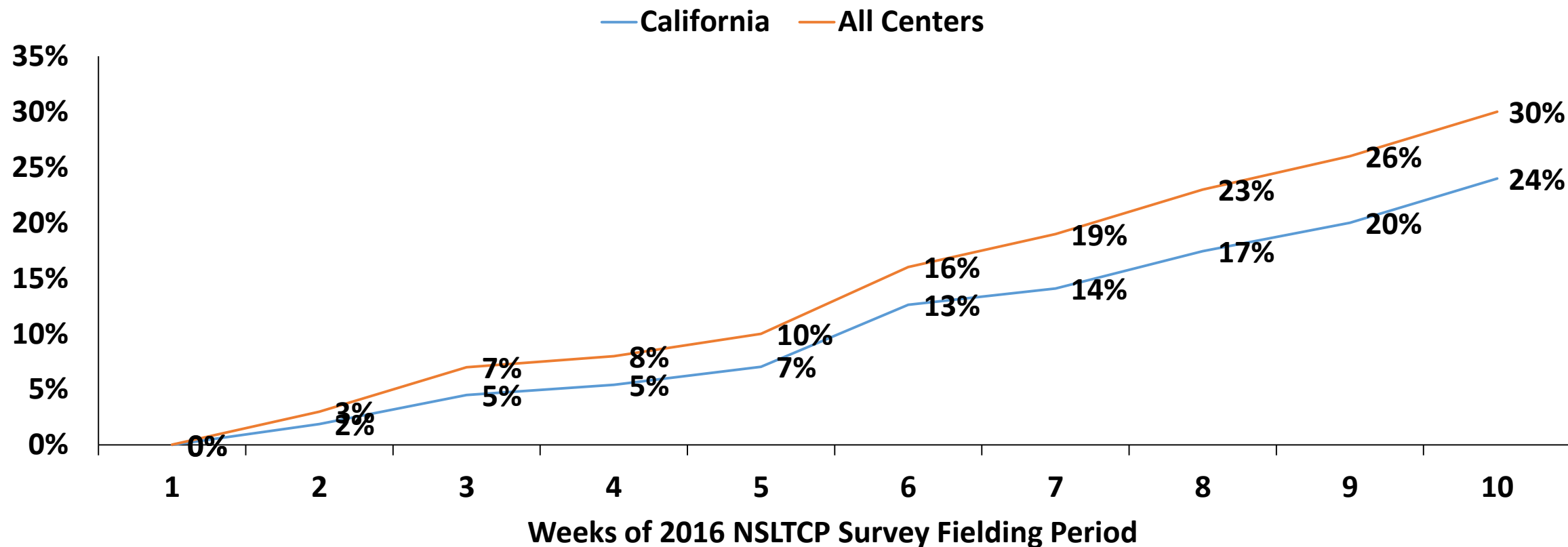
- Percent of centers accounted for is the sum of complete eligible, complete ineligible, ineligible out of business, and ineligible out of sample other cases, divided by the total number of cases included in the sample
- About 30% of all adult day services centers surveyed in 2016 have been accounted for as of **10/14/2016**
- About 70% of all adult day services centers were accounted for at the end of data collection in 2012
- “2016 Goal” is the percent of centers accounted for that was highest at the end of data collection either in 2012 or 2014 for each state.

# Percentage of centers surveyed in NSLTCP and accounted for, by state and survey year



NOTES: Percent of centers accounted for is the sum of complete eligible and ineligible cases, divided by the total number of centers included in the sample. “Final % Accounted for in 2012 or 2014” is the percent of centers accounted for that was highest at the end of data collection in 2012 or 2014. About 30% of all adult day services centers surveyed in 2016 have been accounted for as of 9/23/2016 (blue line)—compared to 70% at the end of data collection in 2012 (orange line).  
 Source: CDC/NCHS, 2016 National Study of Long-Term Care Providers

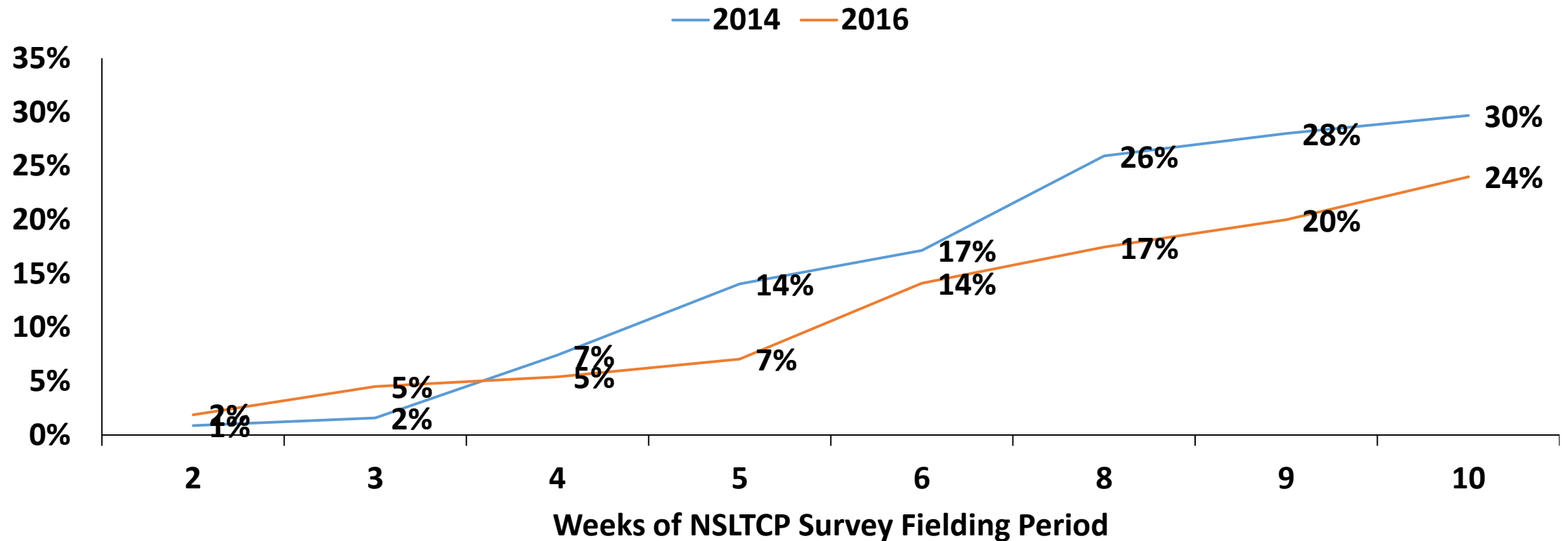
# Percentage of centers in California and the United States surveyed in NSLTCP and accounted for, by week



NOTES: Percent of centers accounted for is the sum of complete eligible and ineligible cases, divided by the total number of centers included in the sample. “Final percent accounted for in 2012 and 2014” includes the estimate that was highest at the end of data collection in 2012 or 2014. Percent accounted for among all adult day services centers in the nation was 10% as of 9/23/2016—compared to 70% at the end of data collection in 2012.

Source: CDC/NCHS, 2016 National Study of Long-Term Care Providers

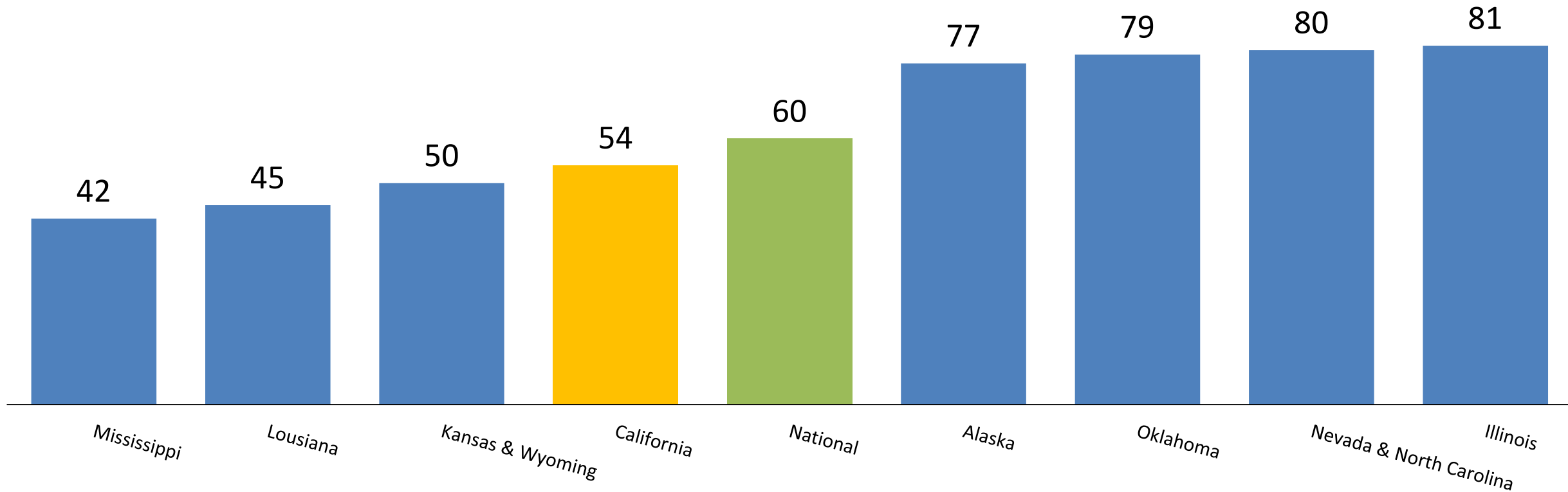
# Percentage of California centers surveyed in NSLTCP and accounted for, by week and survey year



NOTES: Percent of centers accounted for is the sum of complete eligible and ineligible cases, divided by the total number of centers included in the sample. Weeks 1 and 7 are not presented here since there was no comparable data in 2014. Fielding began the week of June 8-10 in 2014 and the week of August 9-12 in 2016.

Source: CDC/NCHS, 2016 National Study of Long-Term Care Providers

# Percent of centers accounted for at the end of data collection in 2014, by top and bottom 5 states



NOTES: Percent of centers accounted for is the sum of complete eligible, complete ineligible, ineligible out of business, and ineligible out of sample other cases, divided by the total number of cases included in the sample. About 60% of all adult day services centers surveyed at the end of data collection in 2014 (orange line).



# NSLTCP Participant Portal

## National Center for Health Statistics

- National Study of Long-Term Care Providers
- About NSLTCP
- What's New
- Questionnaires, Datasets, and Related Documentation
- Study Results and Publications +
- Residential Care Community Participants +
- Adult Day Services Center Participants -**
- Adult Day Services Center FAQs
- Long-Term Care Listserv
- Contact Us

### Related Sites

[CDC](#) > [NCHS](#) > [National Study of Long-Term Care Providers](#)

### Welcome Adult Day Services Center NSLTCP Participants



### Your Adult Day Services Center is Important to Us!

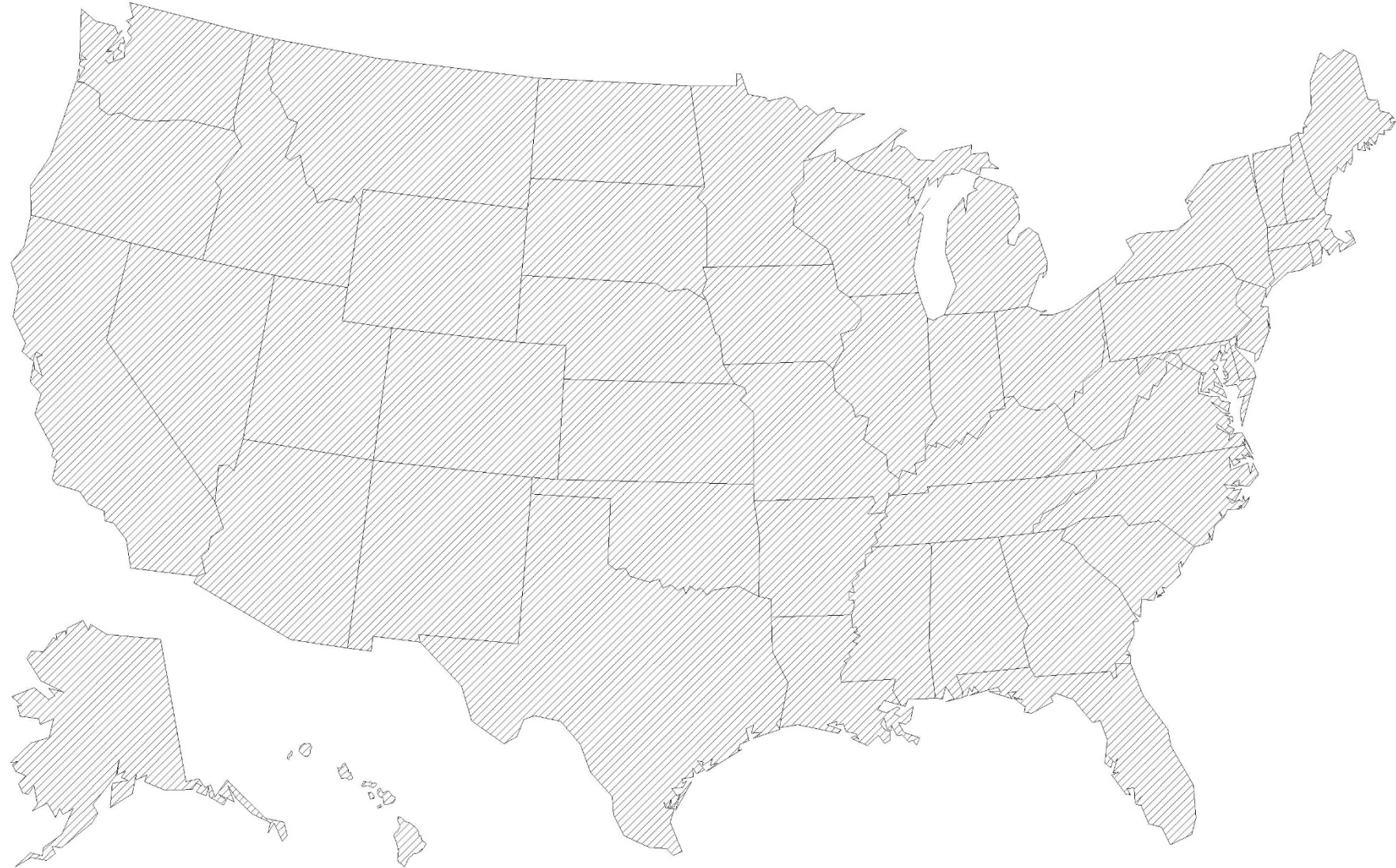
The most reliable information comes directly from providers like you. In order for policy makers to make solid, evidence-based decisions about long-term care in the U.S., it is essential that we collect data from more than 5,000 adult day services centers invited to participate in the 2016 National Study of Long-Term Care Providers (NSLTCP). Without your help, it may be impossible to make accurate estimates about the amount and types of care provided to participants in adult day services centers like yours.

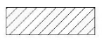
### What's in it for your Adult Day Services Center?

**Data for Comparisons:** NSLTCP data will provide benchmarks, which will allow you to compare your center with other centers like your own.  
**National and State Estimates:** By participating, you will contribute to a more complete and accurate picture of the provision and use of adult day services centers and services in this country and in your state, which will inform long-term care policies and planning. Visit the [NSLTCP Study Results and Publications page](#) for examples of how NSLTCP data have been used to produce national and state estimates of adult day services centers and participants.

[http://www.cdc.gov/nchs/nsltcp/adsc\\_participants.htm](http://www.cdc.gov/nchs/nsltcp/adsc_participants.htm)

# This could happen to you!



 Estimate does not meet reliability or confidentiality standards

Submit your Questionnaire today and make your voices heard!

Every Center Counts!

If you need assistance with completing the survey, call the NSLTCP survey team at 1-866-245-8078.

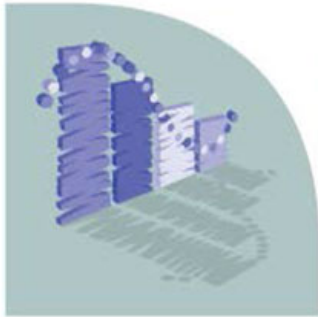
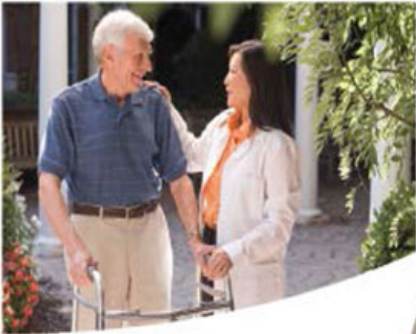


This and other presentations from the Long-Term Care Statistics Branch can be downloaded at no cost from the following website:

[http://www.cdc.gov/nchs/nsltcp/nsltcp\\_presentations.htm](http://www.cdc.gov/nchs/nsltcp/nsltcp_presentations.htm)

# National Study of Long-Term Care Providers

National Health Care Surveys



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics

For questions or comments about this presentation, please contact Vincent Rome directly at [vrome@cdc.gov](mailto:vrome@cdc.gov)

For questions or comments about NSLTCP, please contact the Long-Term Care Statistics Branch at National Center for Health Statistics (NCHS):

Email: [ltcsbfeedback@cdc.gov](mailto:ltcsbfeedback@cdc.gov)

Phone: 301-458-4747

Visit us on the web at:

<http://www.cdc.gov/nchs/nsltcp.htm>