

Resources from the National Study of Long-Term Care Providers—Information for Adult Day Services Providers for Internal Planning and Advocacy

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Centers for Disease Control and Prevention

“Business and Quality Improvement Strategies for Adult Day
Services Providers: Informing Innovation with Data”

National Adult Day Services Association Conference
September 21-23, 2016

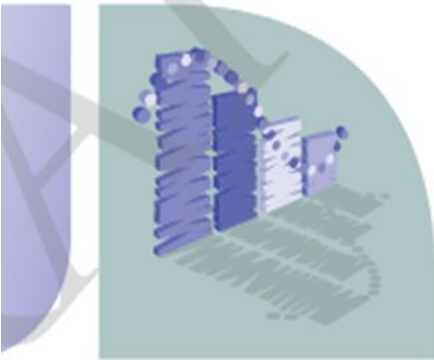


Acknowledgements

- Directors and staff of participating adult day services centers
- NADSA Board of Directors
- Lisa Peters-Beumer, Donna Hale, Beth Meyer-Arnold
- Representatives of NADSA's state affiliates from California, Nevada, and Pennsylvania
- NCHS Colleagues
- RTI NSLTCP Team

National Study of Long-Term Care Providers

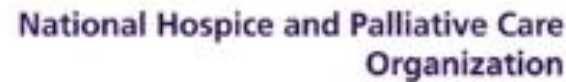
National Health Care Surveys



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

Provider Association Supporters



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

How can findings from NSLTCP's 2014 Adult Day Services Center Survey help with...

- Planning to Meet The Needs of Your Participants
- Promotion of Adult Day Services Within States and Nationally

2014 Adult Day Services Center Survey

Eligibility Criteria

- Included in the National Adult Day Services Association's data base and in operation as of March 2014;
- 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.

Survey Content Collected in 2014

Center Topics

Ownership type
Revenue sources
Licensure/certification
of enrolled participants
Years in operation
Services provided
Staffing
Screening practices
Electronic health records
Electronic health information exchange

Participant Topics

Demographics
Selected diagnoses
Need for assistance w/ ADLs
Falls
Hospitalizations
Emergency room visits

NSLTCP Website



National Center for Health Statistics

National Study of Long-Term Care Providers

About NSLTCP

Questionnaires, Datasets, and Related Documentation

Study Results and Publications +

Residential Care Community Participants

Residential Care Community FAQs

Adult Day Services Center Participants

Adult Day Services Center FAQs

Feedback

Related Sites

[Long-Term Care Listserv](#)

[Surveys and Data Collection Systems](#)

[CDC](#) > [NCHS](#)

National Study of Long-Term Care Providers



The biennial National Study of Long-Term Care Providers (NSLTCP) is a groundbreaking initiative to monitor trends in the major sectors of paid, regulated long-term care services providers. NSLTCP uses data from surveys of [residential care communities](#) [PDF - 168 KB] and [adult day services centers](#) [PDF - 152 KB] and administrative data on home health agencies, nursing homes and hospices. The vision for NSLTCP is to offer reliable, accurate, relevant and timely statistical information to support and inform long-term care services policy, research and practice.

What's New

- [Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers, 2013–2014](#) [PDF - 5.7 MB]
 - [Figures from Series 3, No. 38 as PowerPoint Slides](#) [PPT - 2.3 MB]
- [Variation in Residential Care Community Nurse and Aide Staffing Levels: United States, 2014](#) [PDF - 738 KB]
- [2014 National Study of Long-Term Care Providers \(NSLTCP\) Survey Data](#)

[More >](#)

Link to NSLTCP website: <http://www.cdc.gov/nchs/nsltcp.htm>

Accessing Findings from the 2014 Adult Day Services Center Survey

The figures included in the center and participant characteristics sections of this presentation are from products published on our *Study Results and Publications* website and are free to use: 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**

2014 Adult Day Services Center Survey Materials

To learn more about the 2014 adult day services center questionnaire and methodology, please visit the following links:

Questionnaires and Methodology Documentation Website:

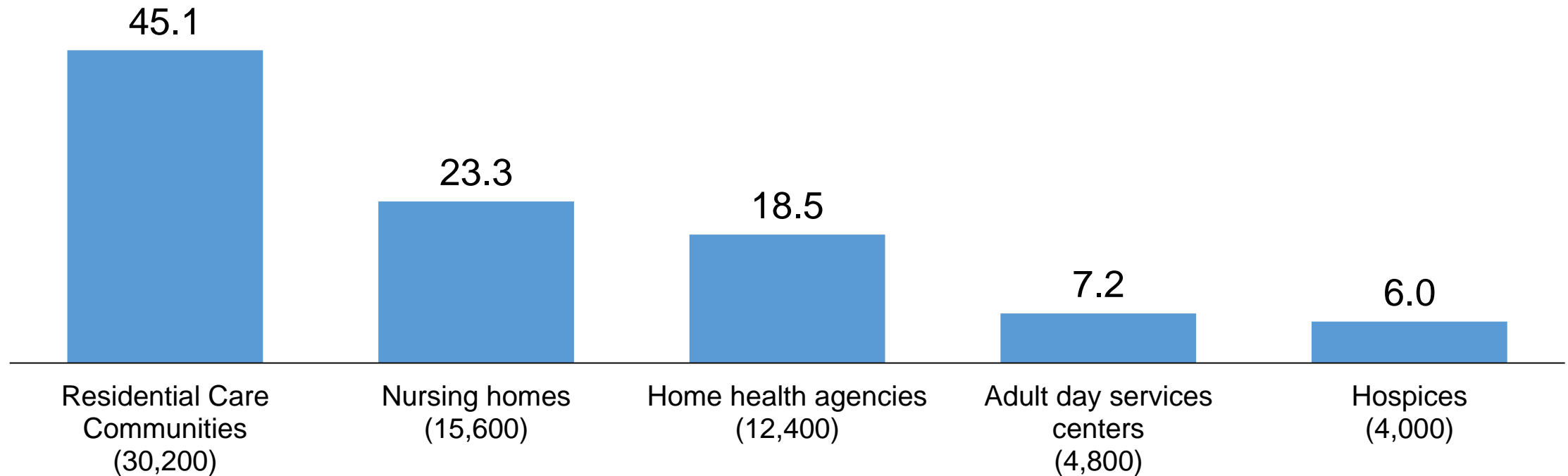
http://www.cdc.gov/nchs/nsltcp/nsltcp_questionnaires.htm

- **2014 Adult Day Services Center Questionnaire PDF Document. Can be accessed directly at the following URL:**
http://www.cdc.gov/nchs/data/nsltcp/2014_NSLTCP_Adult_Day_Services_Center_Questionnaire.pdf
- **2014 NSLTCP Survey Methodology PDF Document. Can be accessed directly at the following URL:**
http://www.cdc.gov/nchs/data/nsltcp/NSLTCP_2014_survey_methodology_and_documentation.pdf

Provider Characteristics

Selected Results from the 2014 Adult Day Services Center Survey

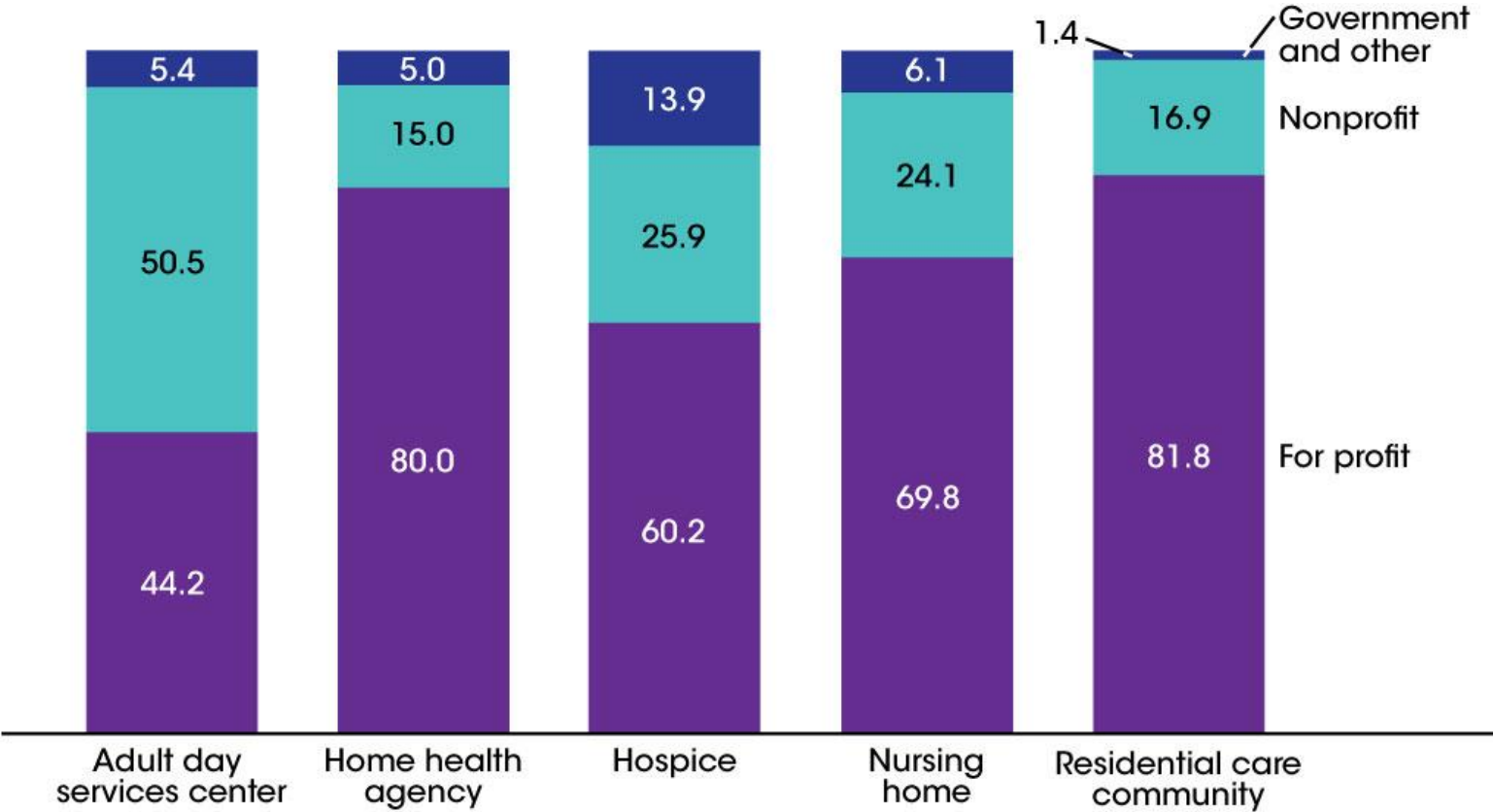
Percent distribution of long-term care services providers, by sector: United States, 2013 and 2014



NOTES: There were 67,000 long-term care services providers across all sectors tracked by NSLTCP in 2014.

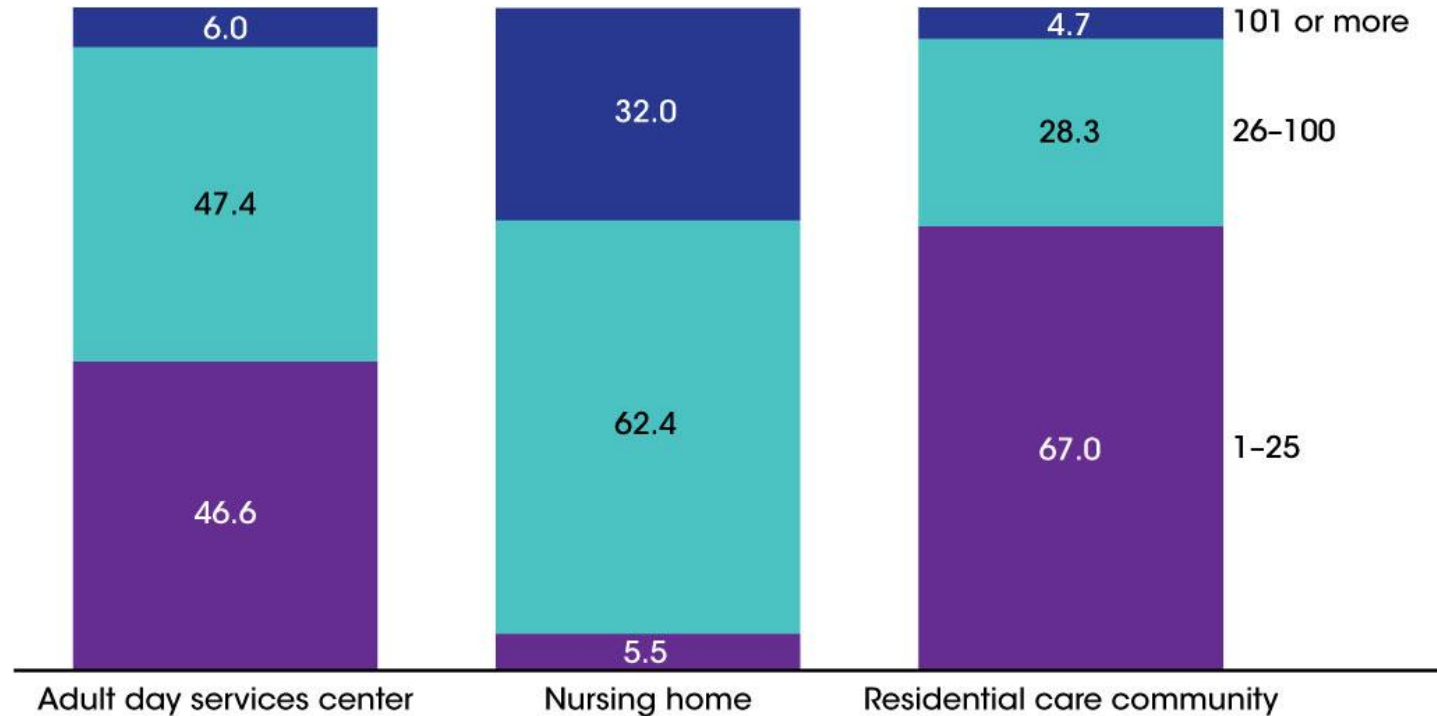
SOURCE: NCHS, Estimates can be found in *Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers, 2013–2014*. Link to report: http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf

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



SOURCE: NCHS, *Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers, 2013–2014*, Figure 4 and Table 1 in Appendix B. Link to report: http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf

Percent distribution of long-term care services providers, by sector and number of people served daily: United States, 2014

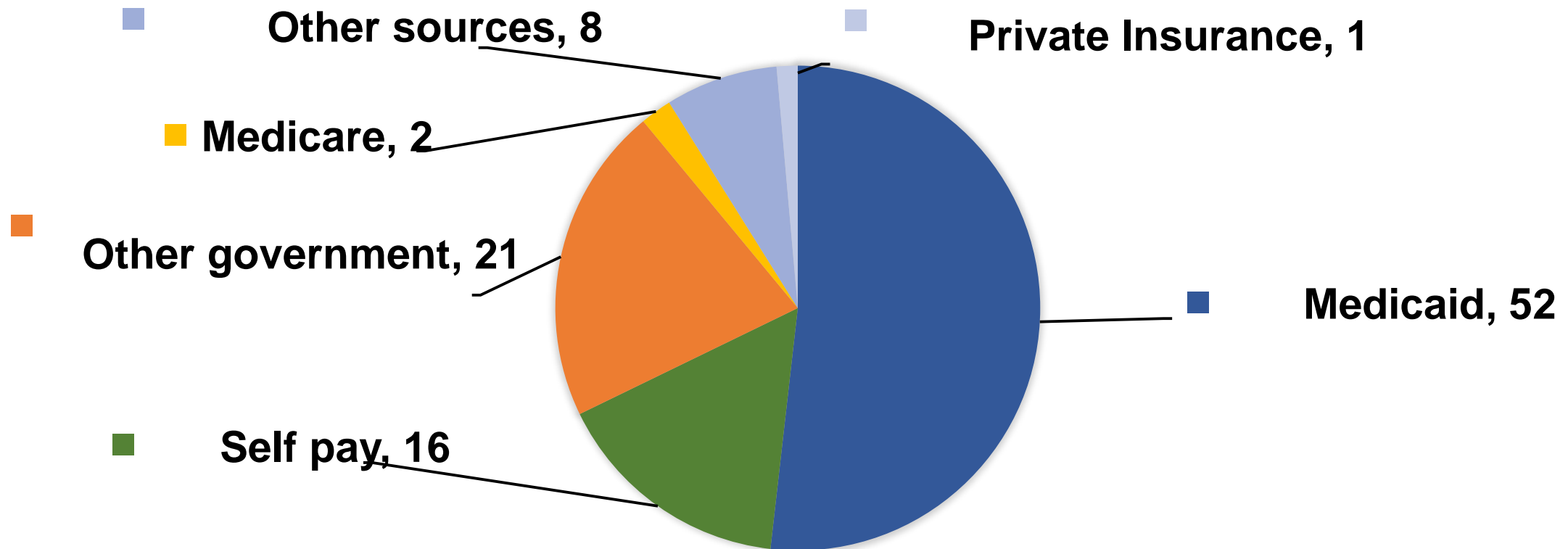


NOTES: See Appendix A of the source report for more information on how number of people served was defined for each sector. Percentages may not add to 100 because of rounding. Percentages are based on the unrounded numbers.

SOURCE: NCHS, *Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers, 2013–2014*, Figure 7 and Table 1 in Appendix B. Link to report:

http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf

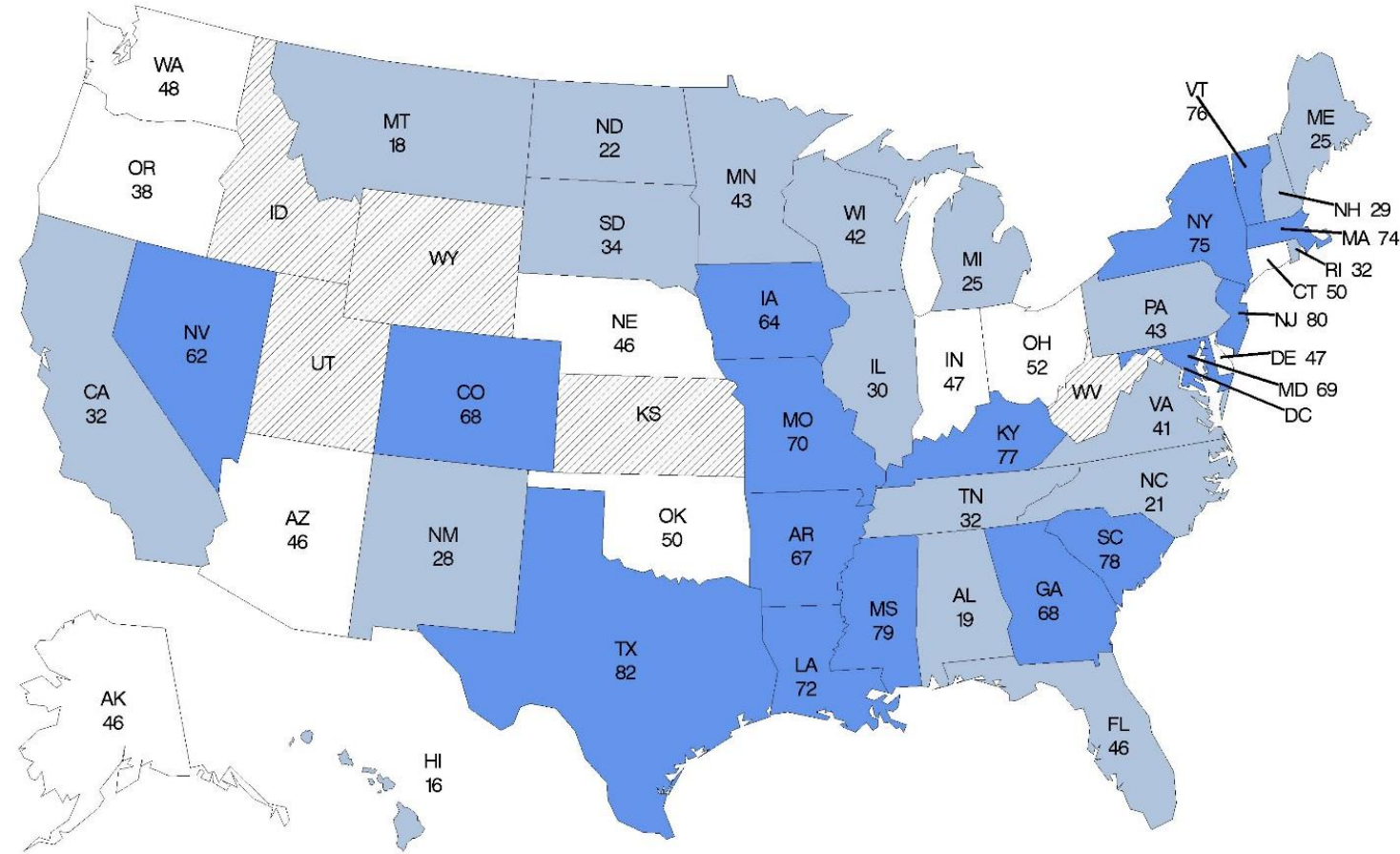
Percent distribution of adult day services center revenue from paid participant fees: United States, 2014



NOTES: Percentages are based on unrounded numbers. Estimates may not add up to totals because of rounding.

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

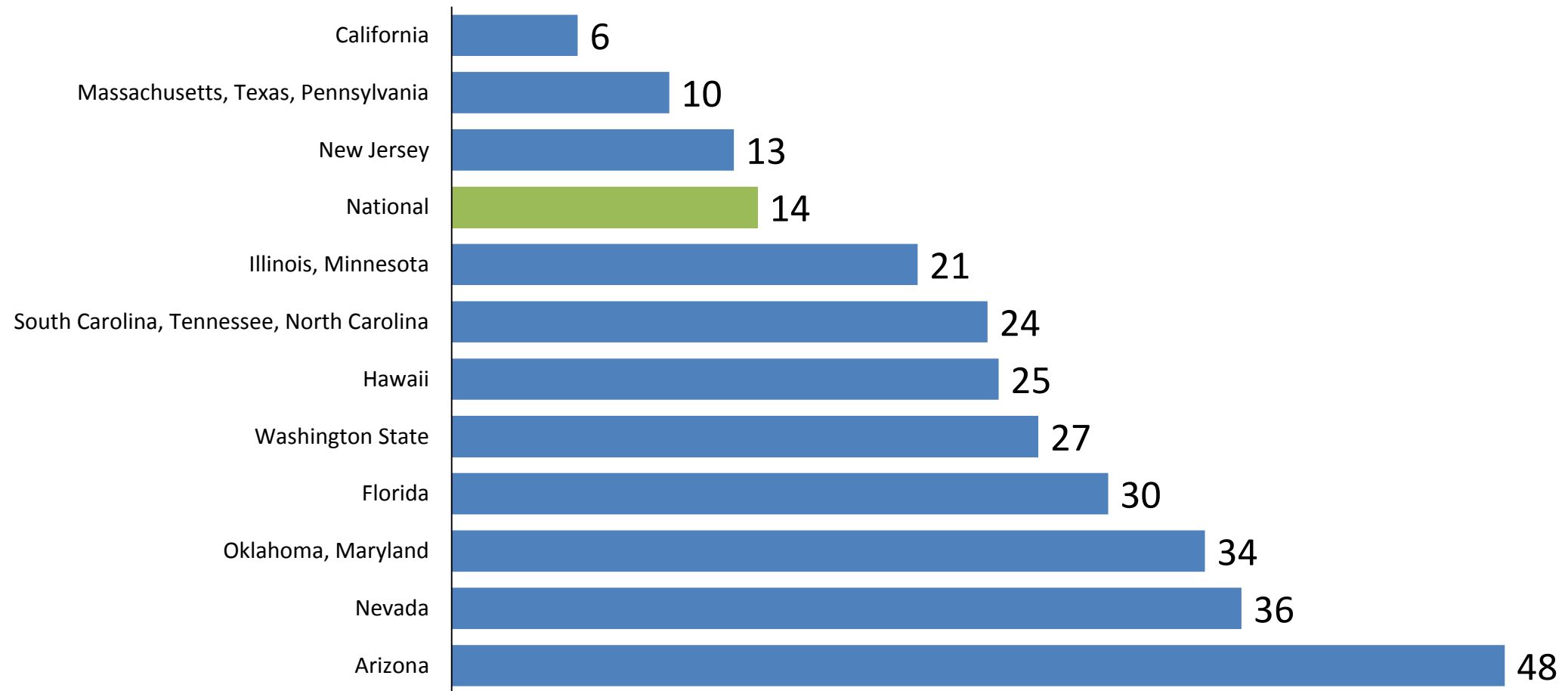
Percentage of Medicaid revenue from paid participant fees, by state: United States 2014



Legend:
Light blue: Statistically significantly lower than national estimate
White: Not statistically significantly different from national estimate
Dark blue: Statistically significantly higher than national estimate
Hatched: Estimate does not meet reliability or confidentiality standards

Note: The national estimate is 52%. Significance tested at $p < 0.05$.
SOURCE: NCHS, National Study of Long-Term Care Providers, 2014

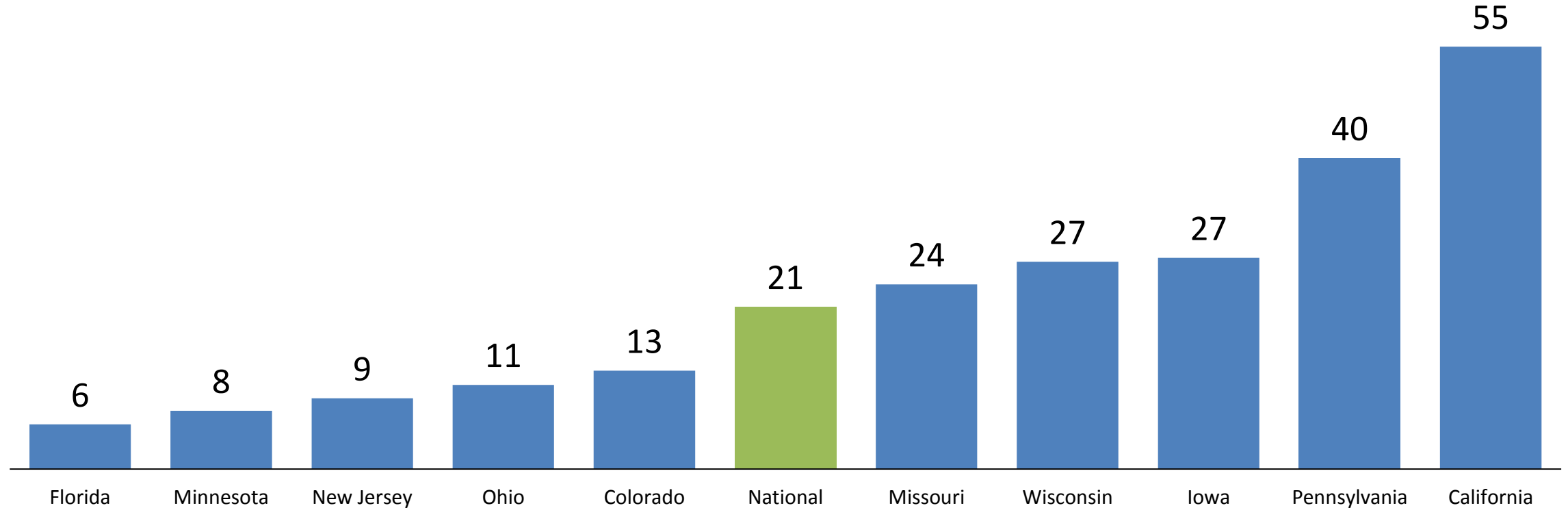
Percentage of adult day services centers that had any participants that stopped using services because of cost, by states lower and higher than the national percentage: United States 2014



NOTES: Differences between state percentages shown and the national percentage are statistically significant at the $p < 0.05$ level.

SOURCE: Web Tables of State Estimates about Adult Day Services Centers Supplement to: Rome V, Harris-Kojetin L., and Park-Lee E. Variation in Adult Day Services Center Characteristics, by Center Ownership: United States, 2014. NCHS data brief no 224. Data from the National Study of Long-Term Care Providers (NSLTCP), 2014. Link to tables: http://www.cdc.gov/nchs/data/nsltcp/State_estimates_for_NCHS_Data_Brief_224.pdf

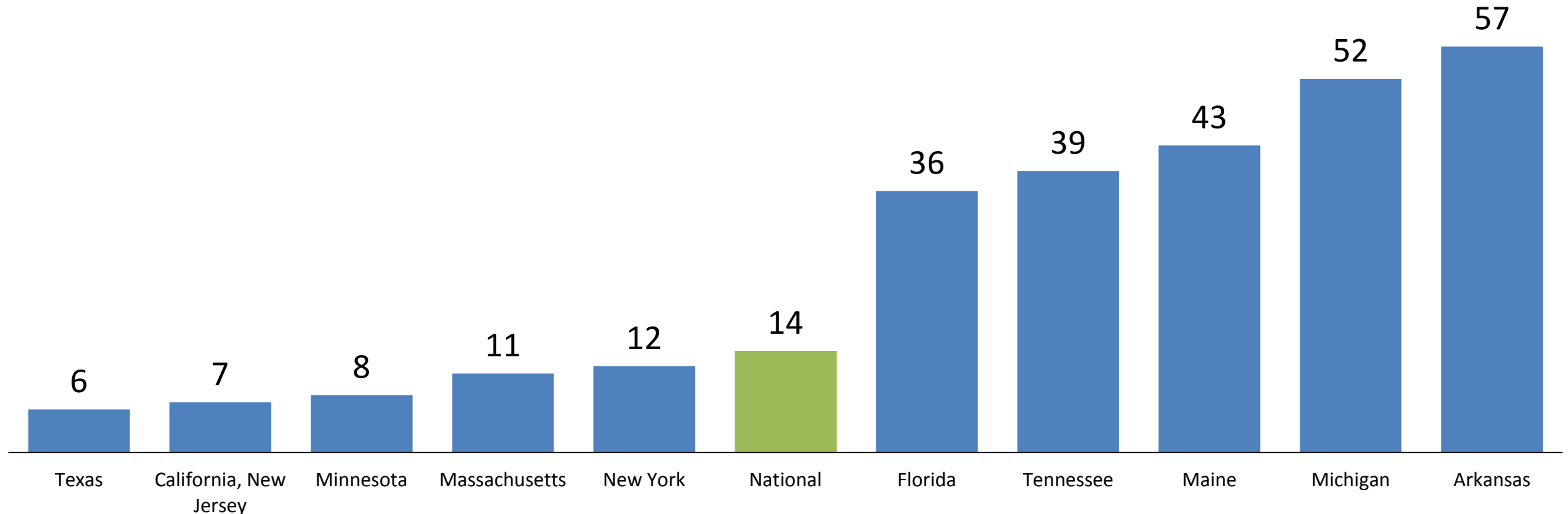
Percentage of adult day services centers that primarily served participants with a diagnosis of intellectual or developmental disability, by top and bottom 5 states, 2014



NOTES: Differences between state percentages shown and the national percentage are statistically significant at the $p < 0.05$ level. Centers that primarily served participants with a diagnosis of intellectual or other developmental disabilities—based on a prevalence of 80% or greater within the center.

SOURCE: Web Tables of State Estimates about Adult Day Services Centers Supplement to: Rome V, Harris-Kojetin L., and Park-Lee E. Variation in Adult Day Services Center Characteristics, by Center Ownership: United States, 2014. NCHS data brief no 224. Data from the National Study of Long-Term Care Providers (NSLTCP), 2014. Link to tables: http://www.cdc.gov/nchs/data/nsltcp/State_estimates_for_NCHS_Data_Brief_224.pdf

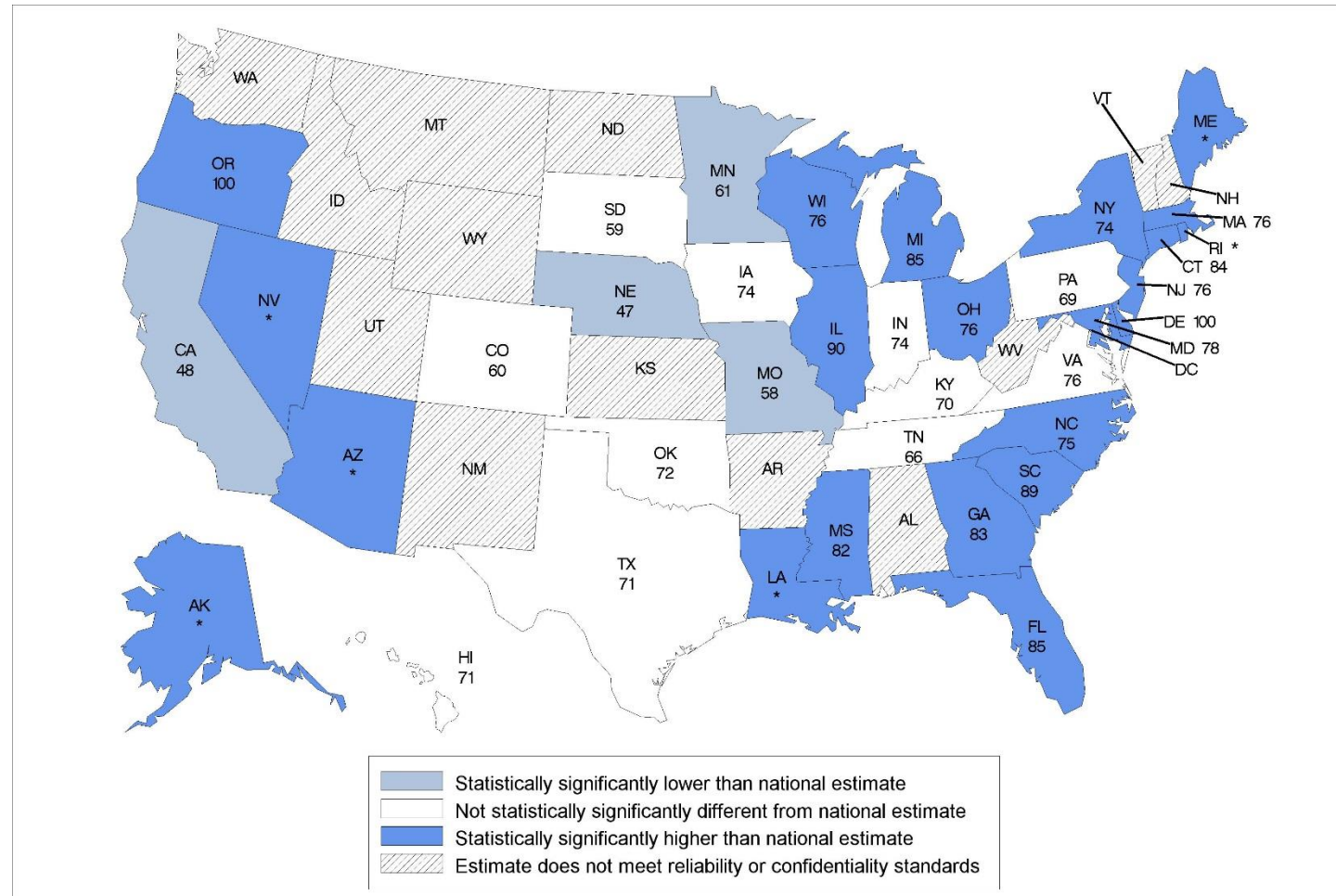
Percentage of adult day services centers that primarily served participants with a diagnosis of Alzheimer's disease or other dementias, by top and bottom 5 states, 2014



NOTES: Differences between state percentages shown and the national percentage are statistically significant at the $p < 0.05$ level. Centers that primarily served participants with a diagnosis of Alzheimer's disease or other dementias—based on a prevalence of 80% or greater within the center.

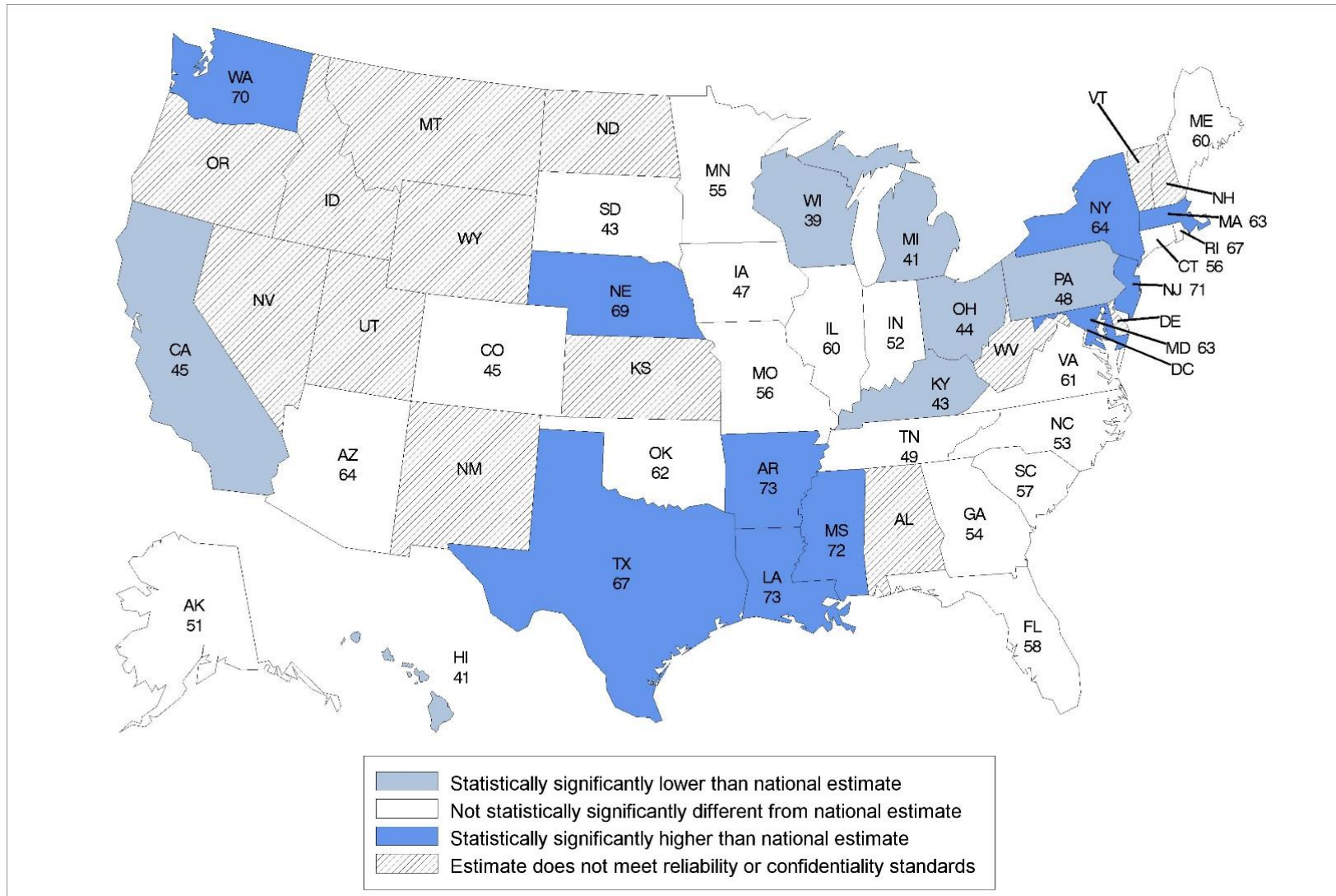
SOURCE: Web Tables of State Estimates about Adult Day Services Centers Supplement to: Rome V, Harris-Kojetin L., and Park-Lee E. Variation in Adult Day Services Center Characteristics, by Center Ownership: United States, 2014. NCHS data brief no 224. Data from the National Study of Long-Term Care Providers (NSLTCP), 2014. Link to tables: http://www.cdc.gov/nchs/data/nsltcp/State_estimates_for_NCHS_Data_Brief_224.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

Percentage of adult day services centers offering depression programming, United States 2014

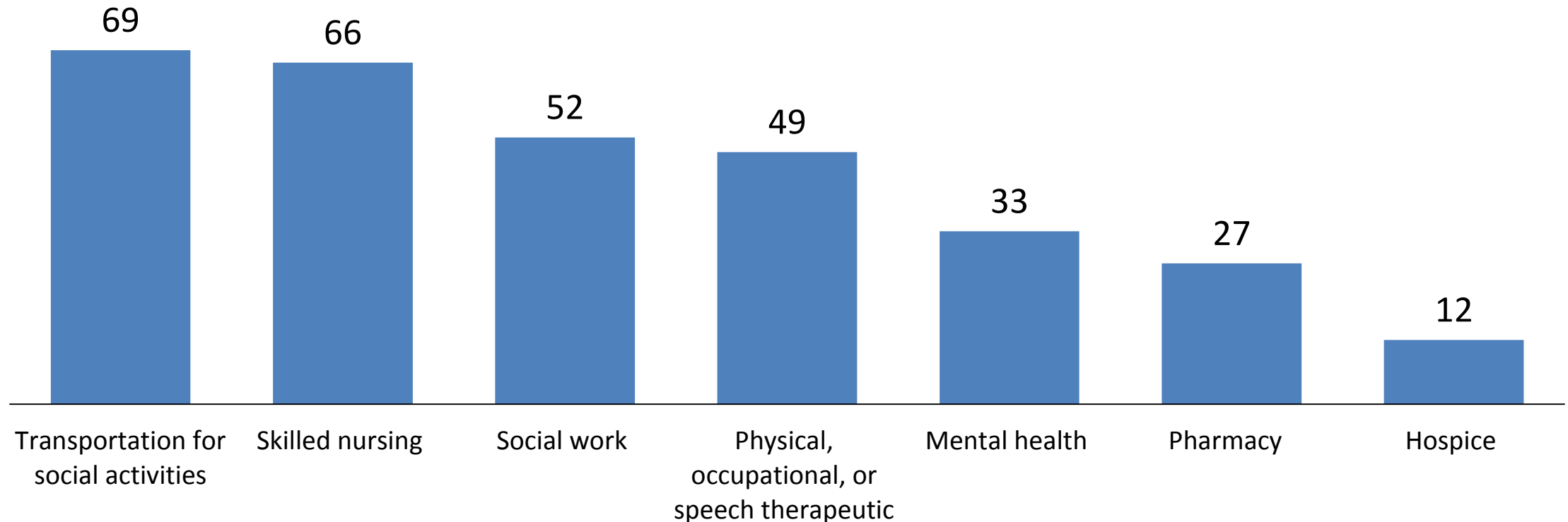


Significance tested at $p < 0.05$.

Note: The national estimate is 54%.

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

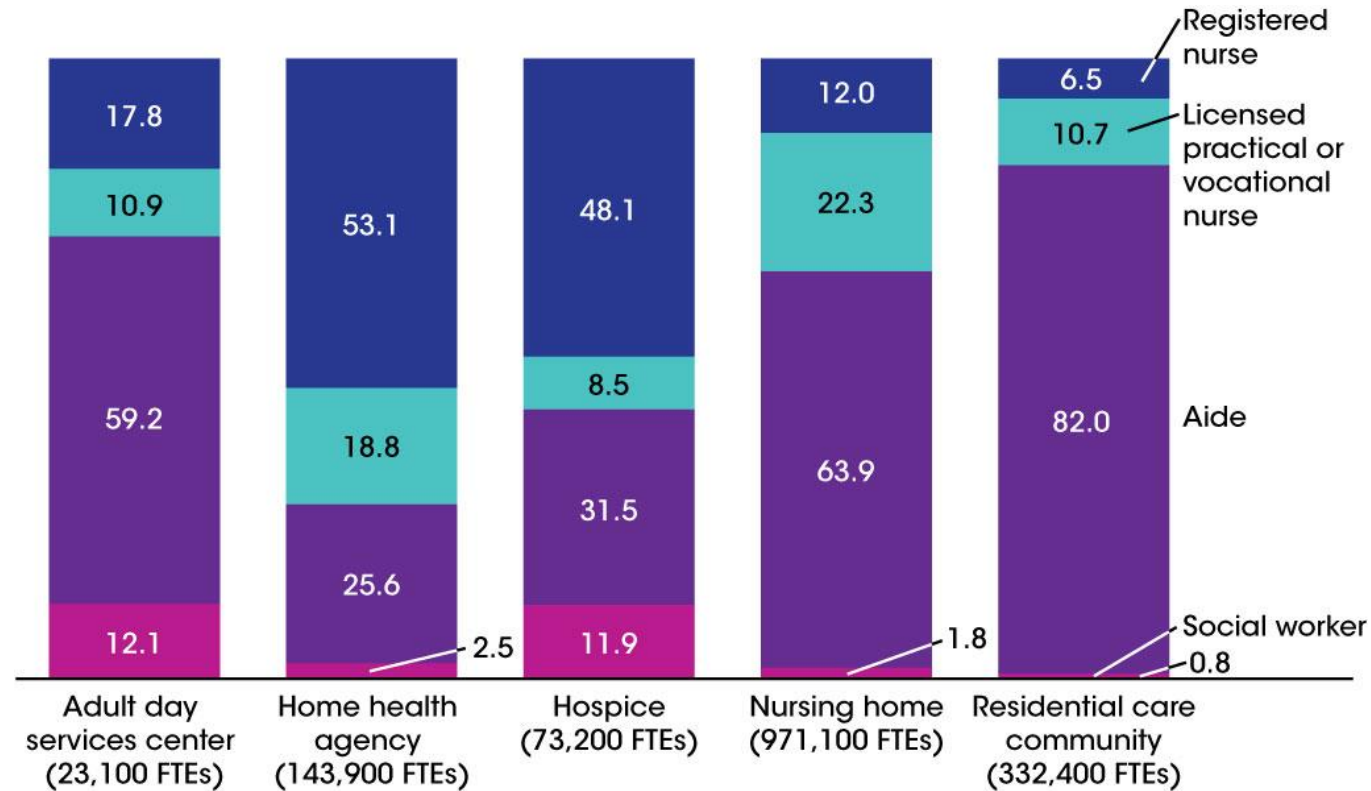
Percentage of adult day services centers that provide selected services, 2014



NOTES: Differences between residential care communities (e.g., assisted living) and adult day services centers are statistically significant at $p < 0.05$; 95% confidence intervals are shown. Services provided include by paid employees, arranged for and paid by outside providers, or arranged for or referred to outside providers that are paid by others.

SOURCE: NCHS, National Study of Long-Term Care Providers. Link to Quickstat: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6535a6.htm>

Percent distribution and total number of nursing and social work employee full-time equivalents, by sector and staff type: United States, 2014

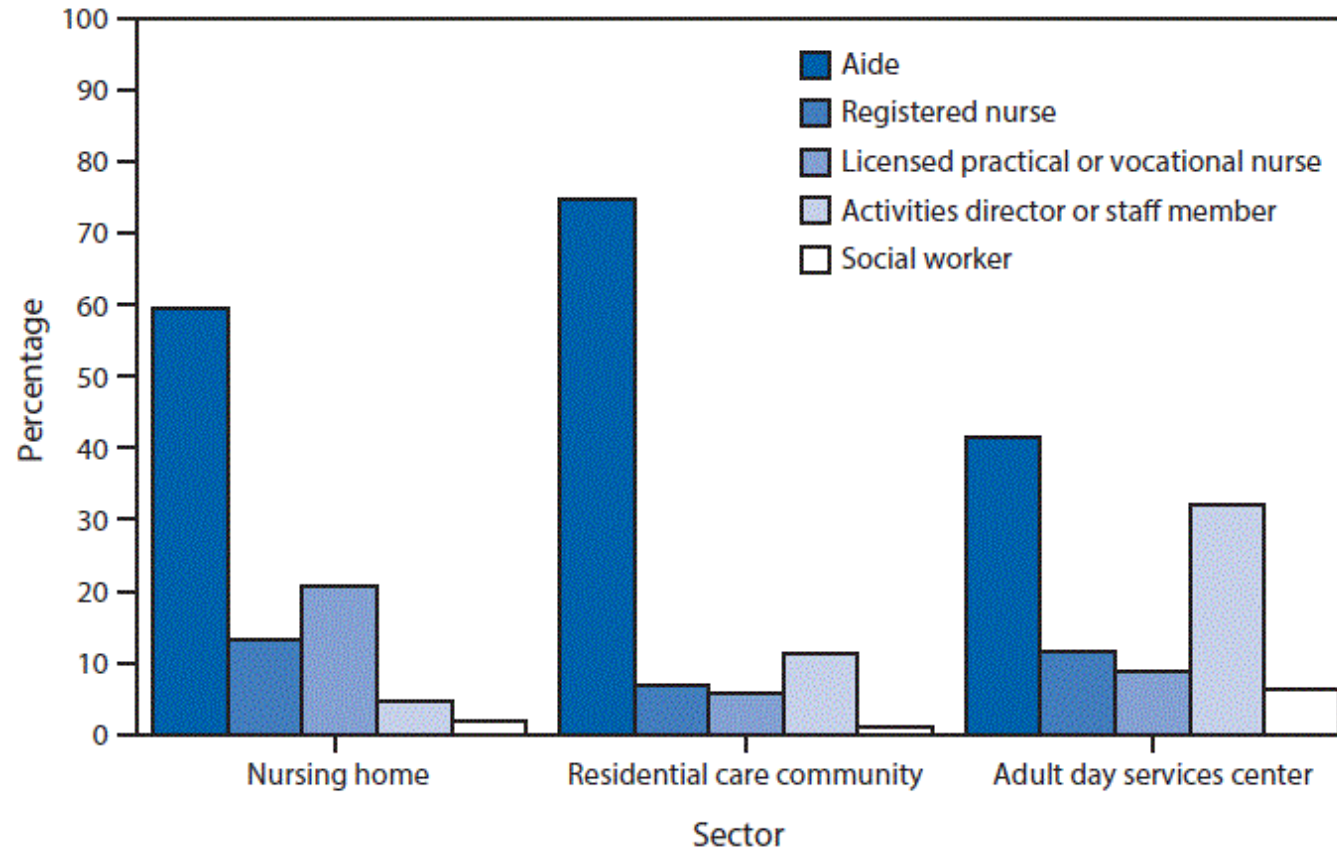


NOTES: Percentages may not add to 100 because of rounding. Percentages are based on the unrounded numbers.

SOURCE: NCHS, *Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers, 2013–2014*, Figure 9 and Table 2 in Appendix B. Link to report:

http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf

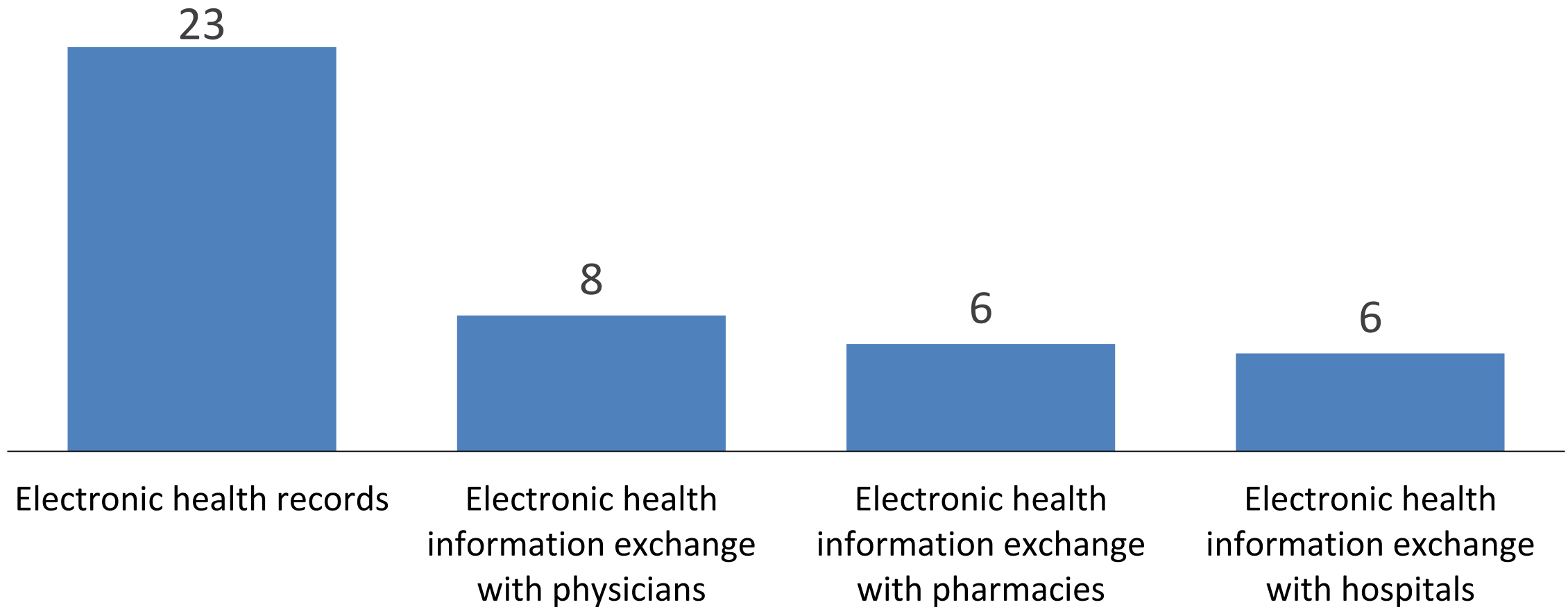
Distribution of long-term care staffing hours, by staff member type and sector: United States, 2014



NOTES: Includes only employees; contract staff members are excluded. Distribution of staffing hours within a sector is the percent of the total average hours per resident/participant per day worked by each staff member type. Please refer to the source report for more information. Estimates in each sector might not sum to 100% because of rounding; estimates are based on unrounded numbers.

SOURCE: NCHS, *QuickStats: Distribution of Long-Term Care Staffing* Hours,[†] by Staff Member Type and Sector — United States, 2014*. Link to Quickstat: http://www.cdc.gov/mmwr/volumes/65/wr/mm6516a7.htm?s_cid=mm6516a7_e

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

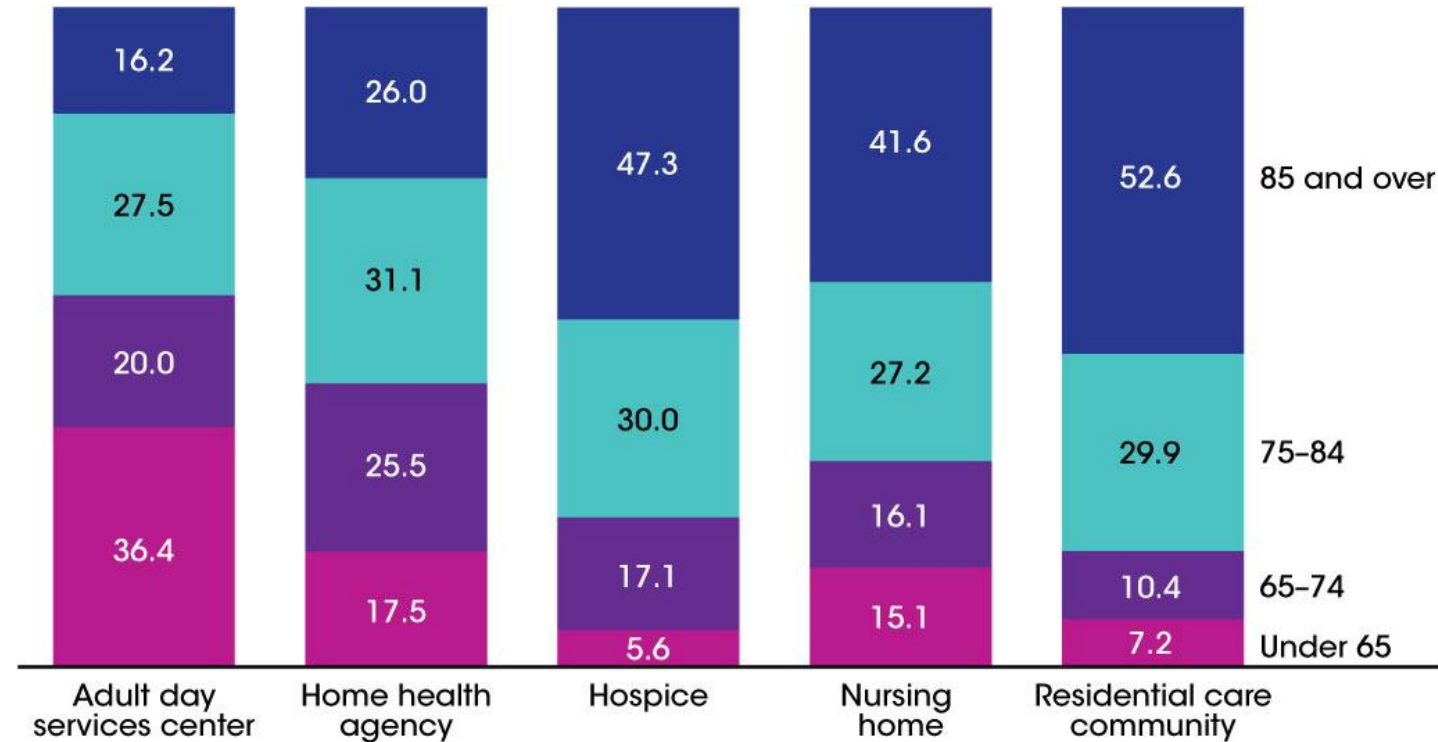


SOURCE: NCHS, *QuickStats*: Percentage of Long-Term Care Services Providers* That Use Electronic Health Records† and Have a Computerized System for Electronic Health Information Exchange,§ by Provider Sector and Type of Electronic Health Information — United States, 2014. Link to Quickstat: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6445a8.htm?s_cid=mm6445a8_e

Participant Characteristics

Selected Results from the 2014 Adult Day Services Center Survey

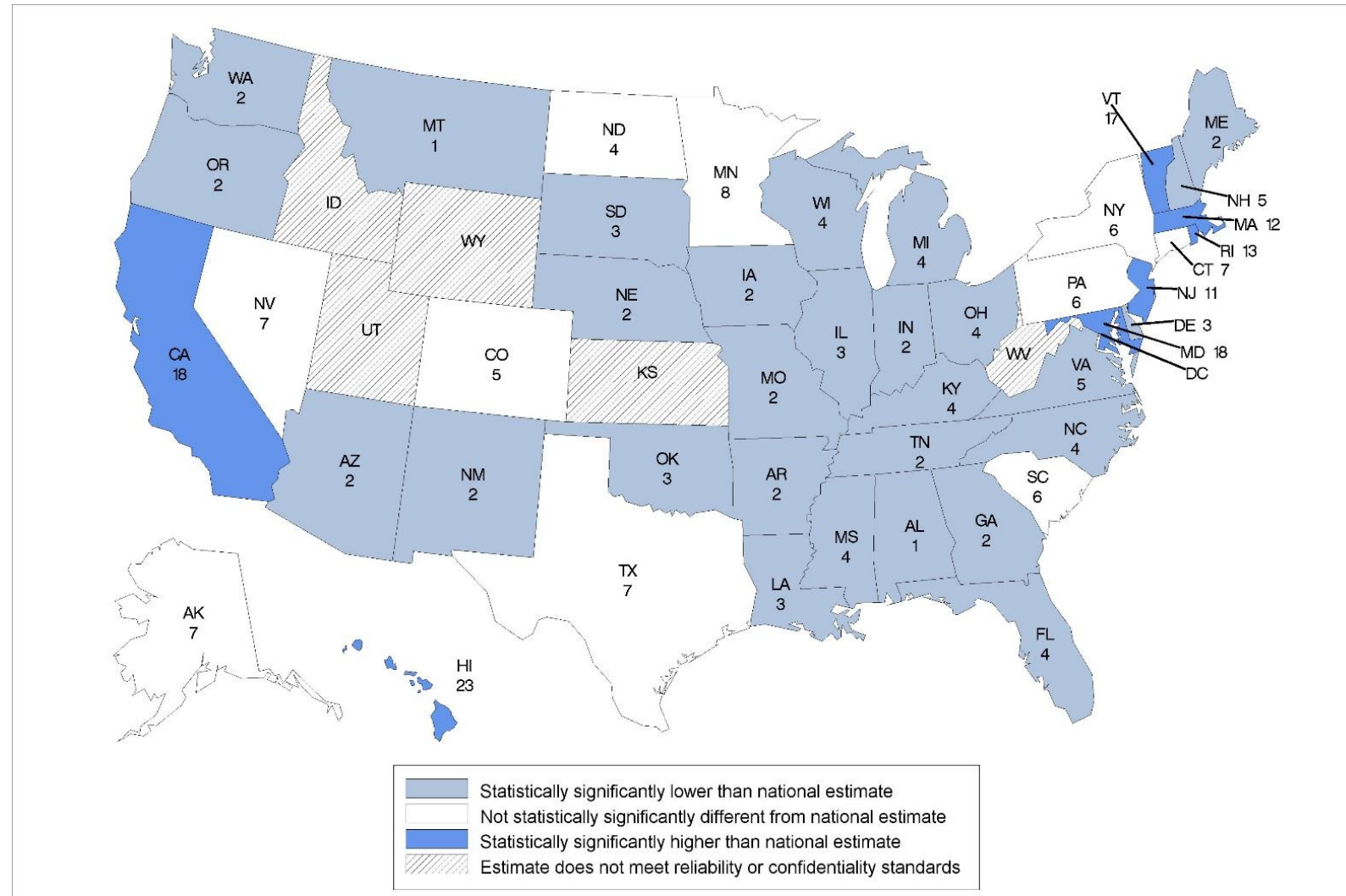
Percent distribution of long-term care services users, by sector and age group: United States, 2013 and 2014



SOURCE: NCHS, *Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers, 2013–2014*, Figure 22 and Table 4 in Appendix B. Link to report:

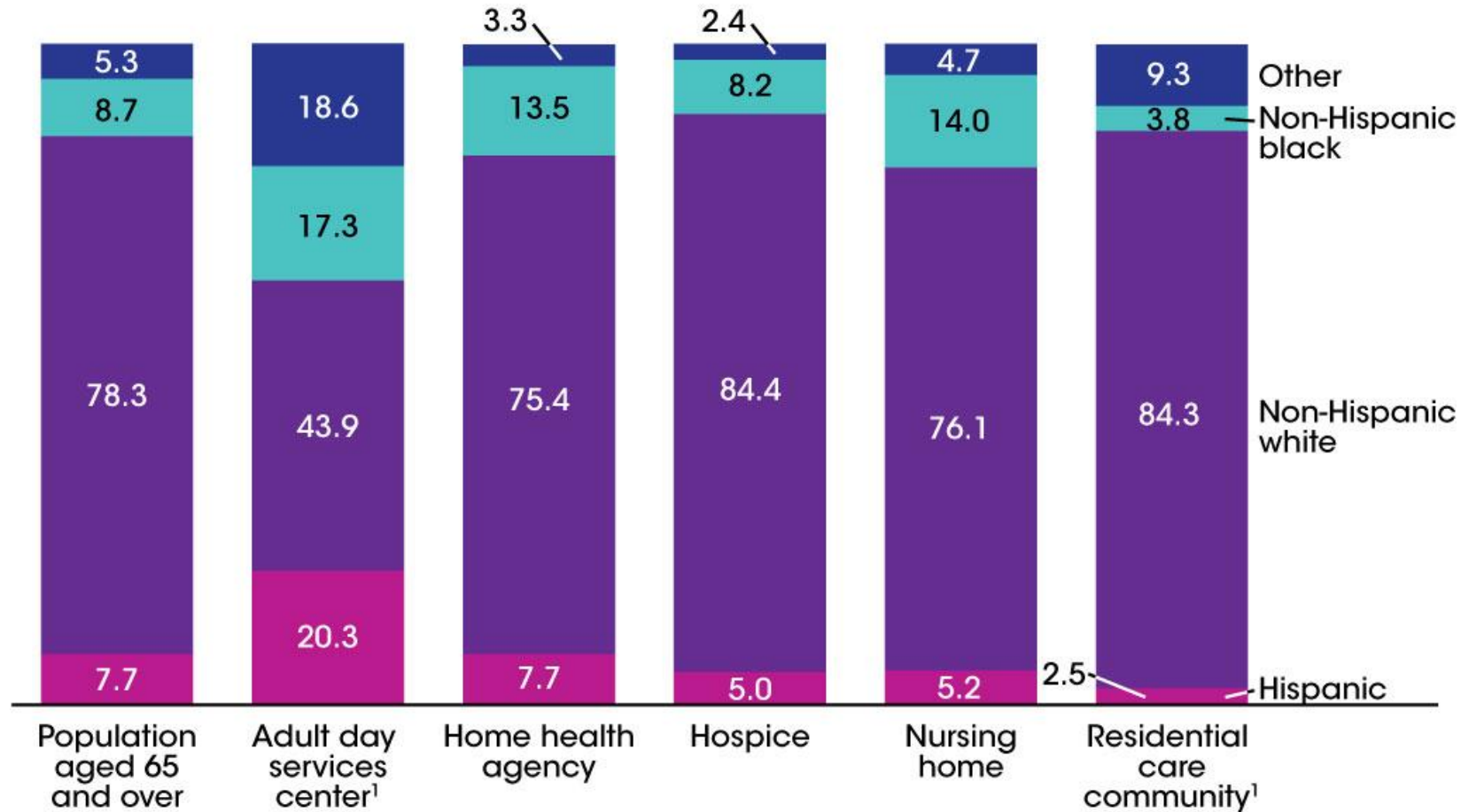
http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf

Use rate of adult day services center participants aged 85 and over: United States, 2014



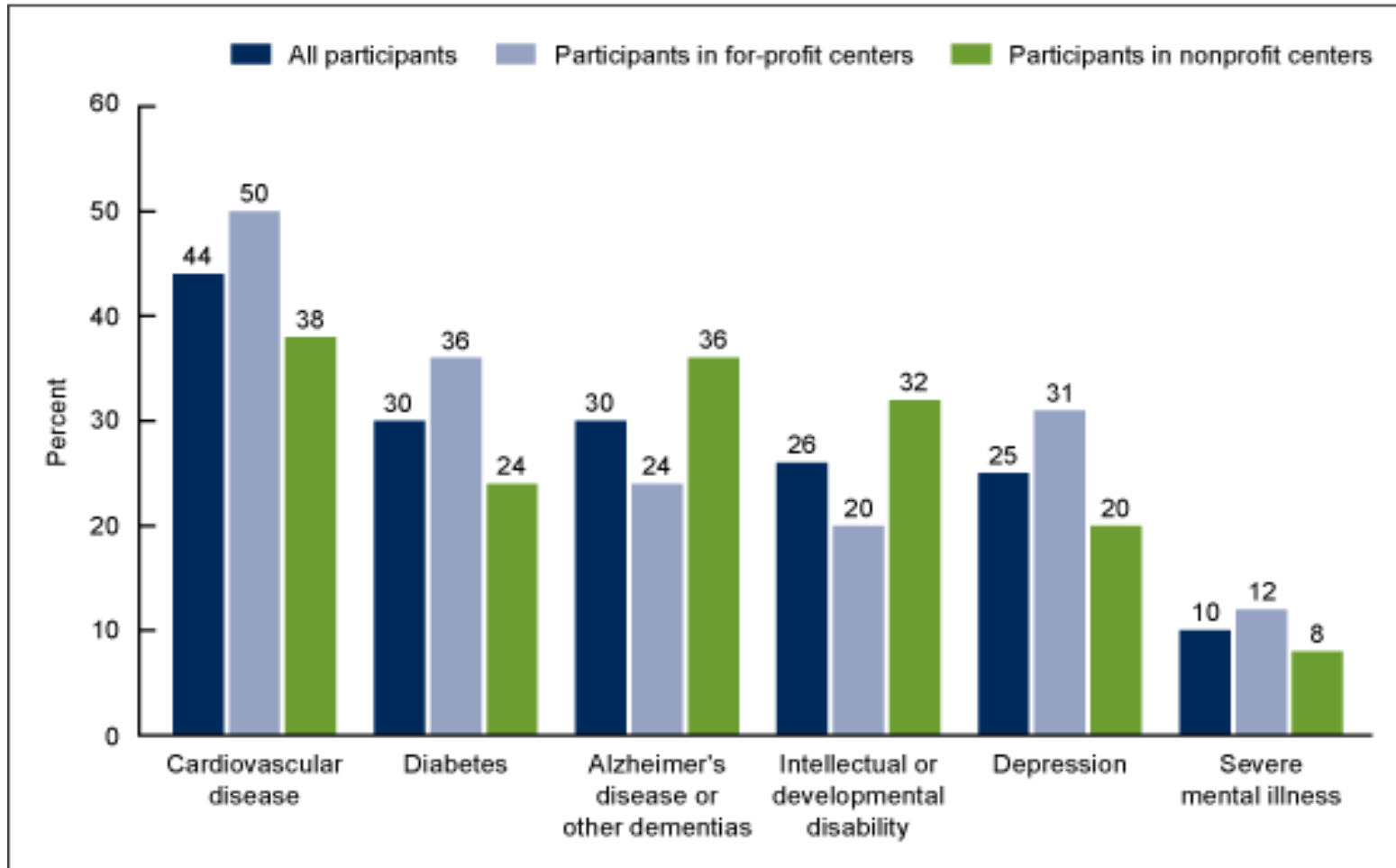
Note: Rates based on participants enrolled in adult day services centers on any given day in 2014 per 1,000 persons aged 85 and over. The national rate is 6. Statistical significance tested at $p < 0.05$.
SOURCE: NCHS, National Study of Long-Term Care Providers, 2014

Percent distribution of long-term care services users, by sector and race and Hispanic origin: United States, 2013 and 2014



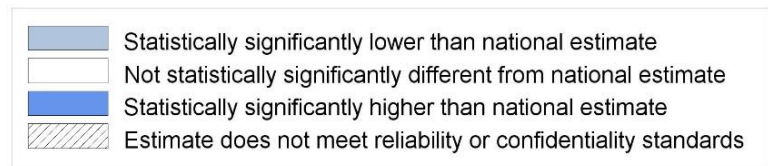
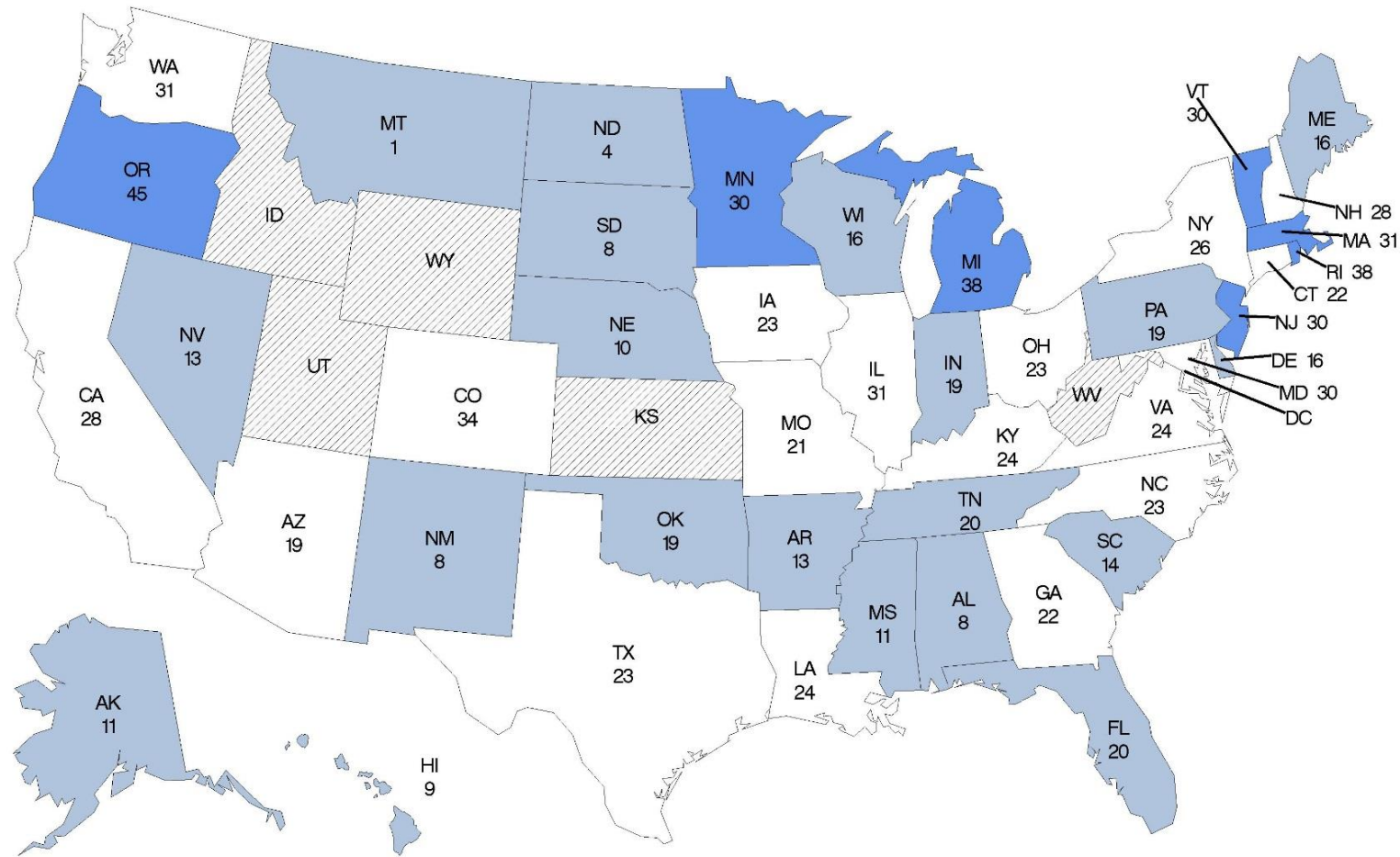
SOURCE: NCHS, *Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers, 2013–2014*, Figure 24 and Table 4 in Appendix B; and U.S. Census Bureau, Population Division, Population Estimates, July 1, 2014. Link to report: http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf

Selected diagnosed medical conditions among adult day services center participants, by center ownership: United States, 2014



SOURCE: NCHS, *Variation in Adult Day Services Center Participant Characteristics, by Center Ownership: United States, 2014*, NCHS Data Brief No. 227, Figure 3. Data from the National Study of Long-Term Care Providers (NSLTCP), 2014. Link to report: <http://www.cdc.gov/nchs/data/databriefs/db227.htm>

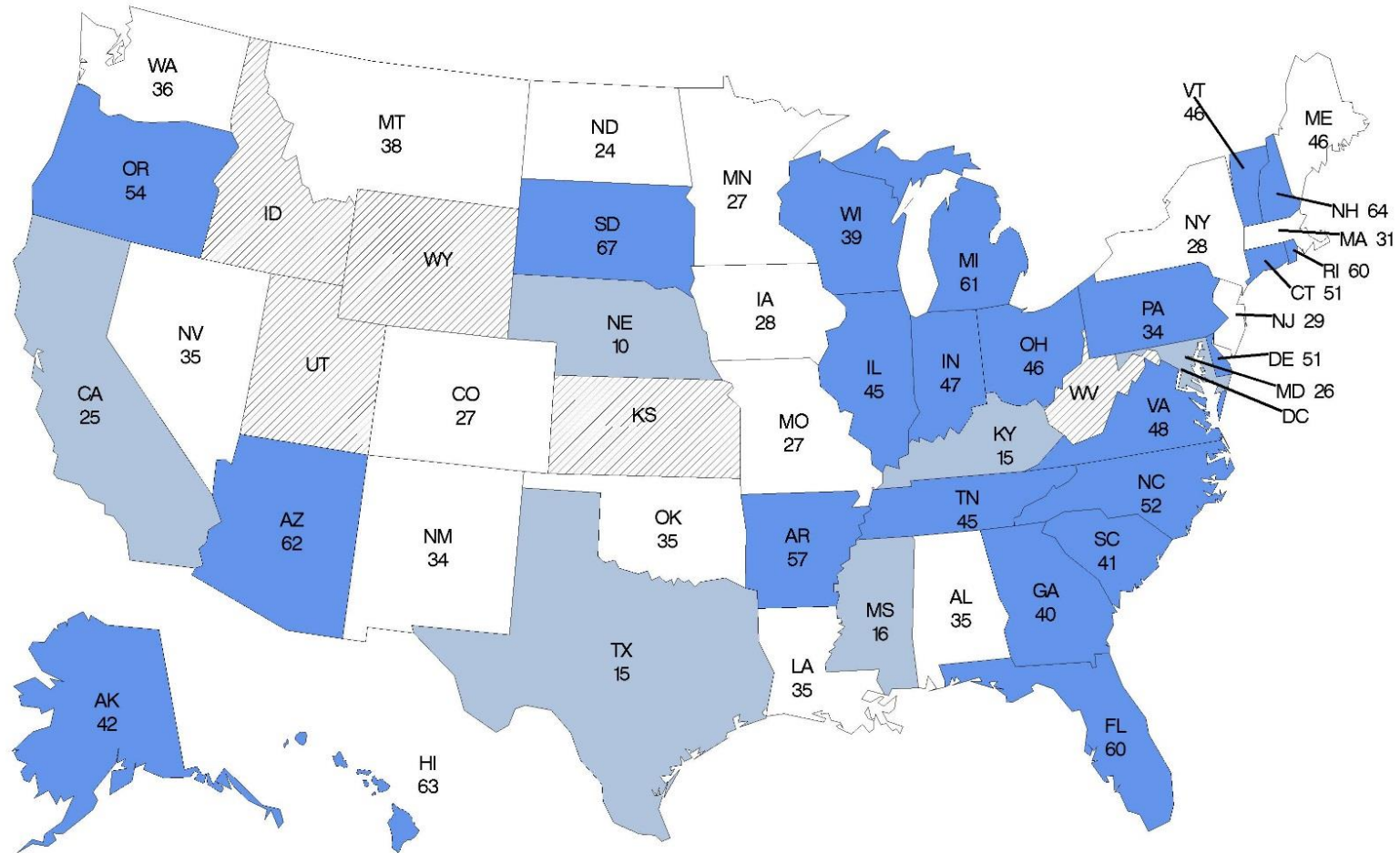
Percentage of adult day services center participants diagnosed with depression, by state: United States, 2014



Note: The national percentage is 25%. Statistical significance tested at $p < 0.05$.

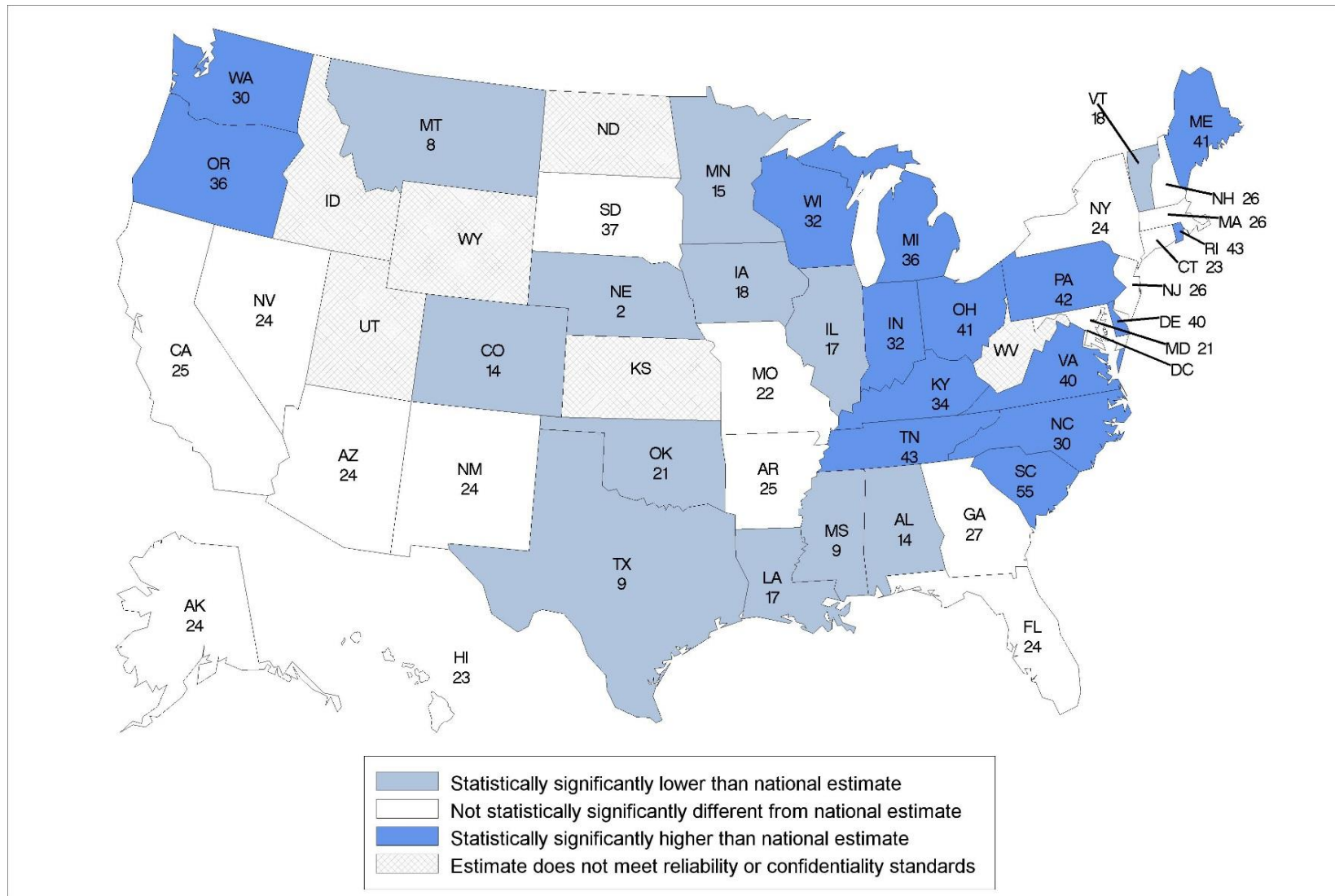
Source: CDC/NCHS, National Study of Long-Term Care Providers, 2014

Percentage of adult day services center participants diagnosed with Alzheimer's disease or other dementias, by state: United States, 2014



Note: The national percentage is 30%. Significance tested at $p < 0.05$
 SOURCE: NCHS, National Study of Long-Term Care Providers, 2014

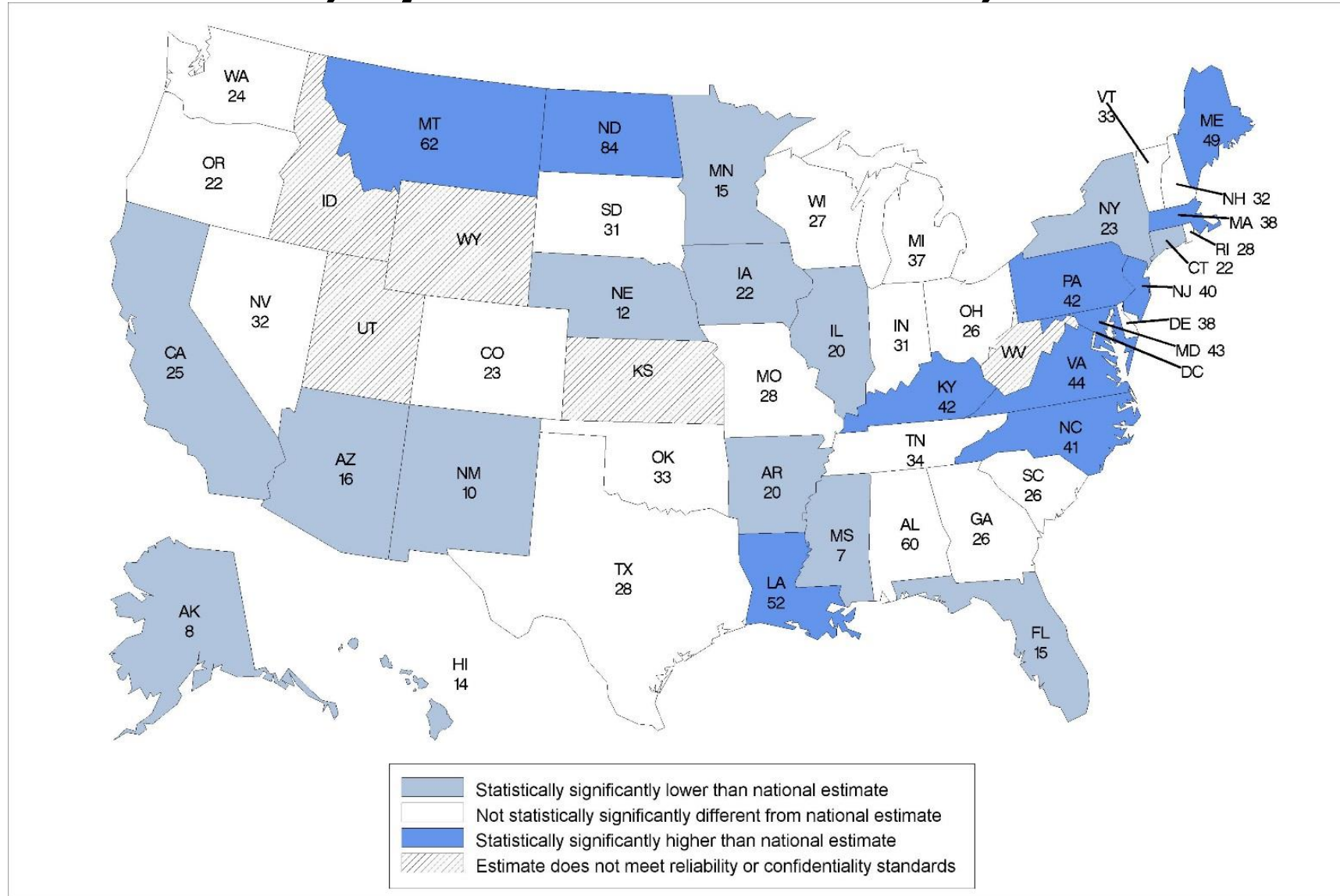
Percentage of adult day services center participants that need assistance with eating, by state: United States, 2014



Note: The national percentage is 24%. Statistical significance tested at $p < 0.05$.

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

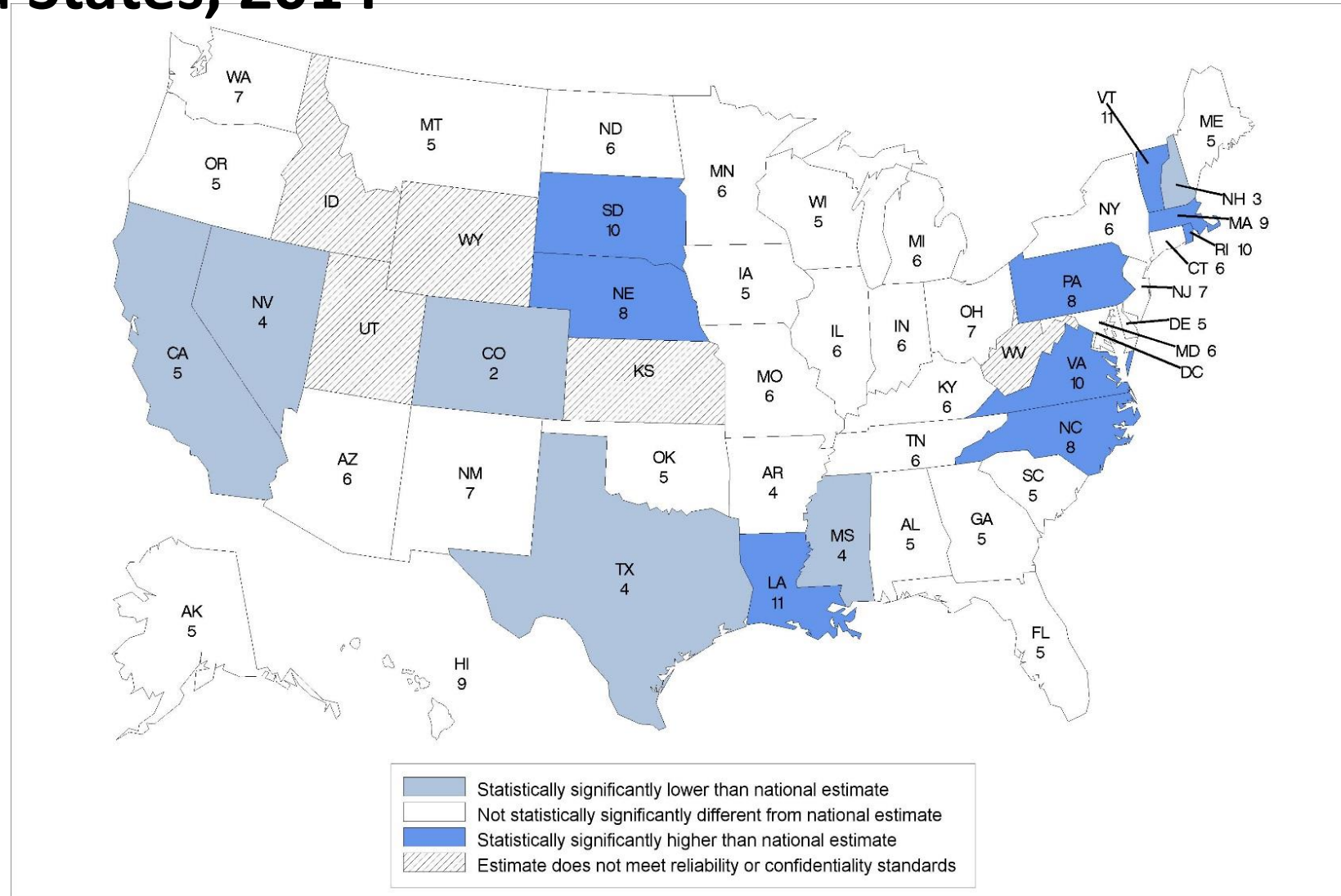
Percentage of participants that need assistance with medications, by state: United States, 2014



Note: The national percentage is 29%. Statistical significance tested at $p < 0.05$.

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

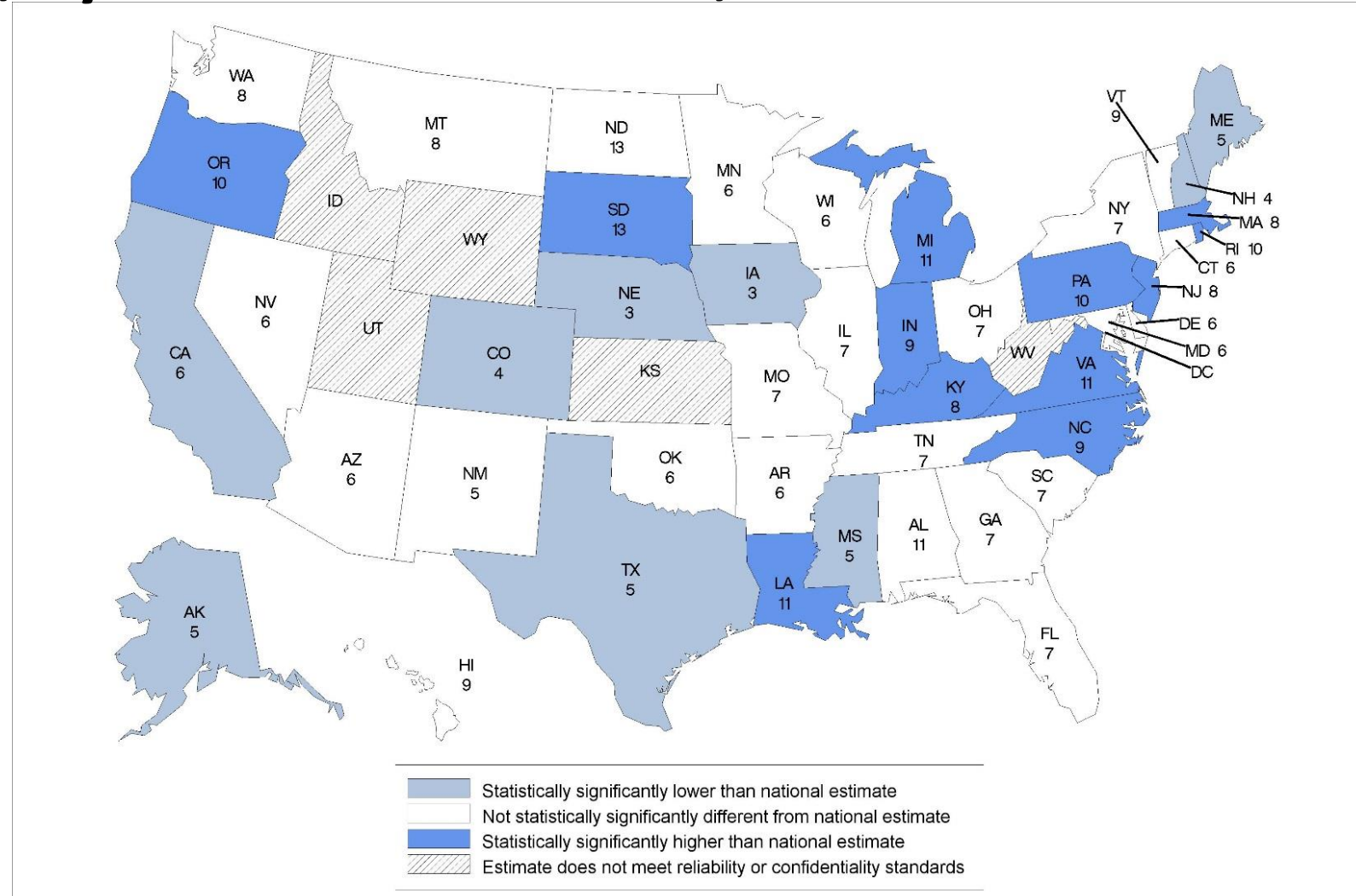
Percentage of adult day services center participants that had any hospitalizations in the last 90 days, by state: United States, 2014



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

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

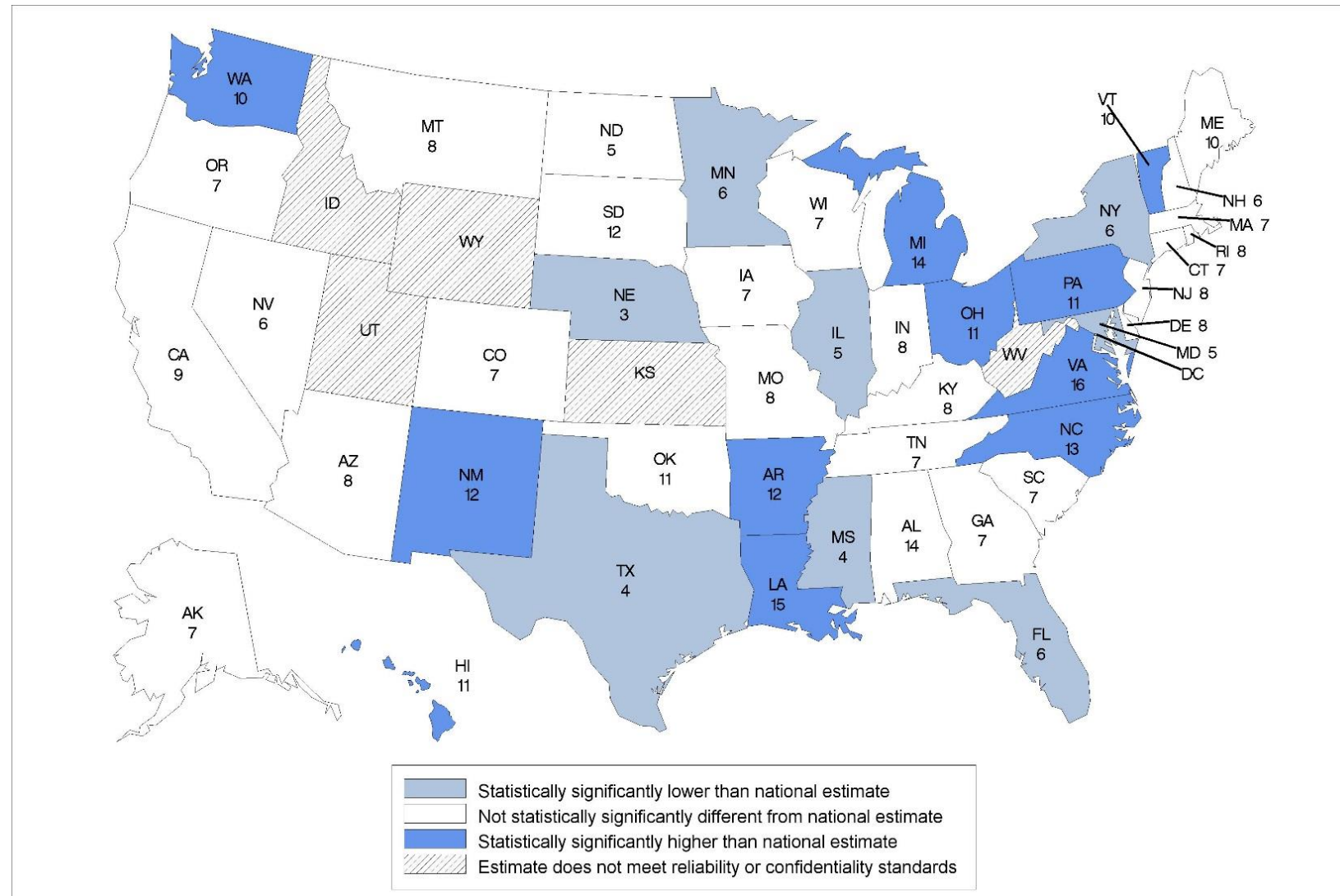
Percentage of adult day services center participants that had any emergency department visits in the last 90 days, by state: United States, 2014



Note: The national percentage is 7%. Statistical significance tested at $p < 0.05$.

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

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



Note: The national percentage is 8%. Statistical significance tested at $p < 0.05$.

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

Using NSLTCP data for planning to meet the needs of participants and for promoting adult day services

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 evidenced-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

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

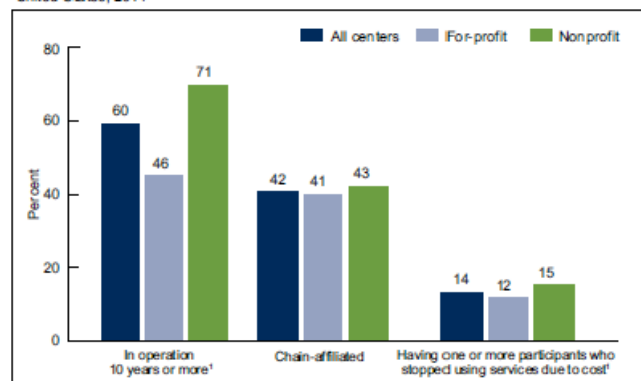
- In 2014, a higher percentage of nonprofit (71%) than for-profit (46%) adult day services centers had been in operation for 10 years or more.
- Compared with nonprofit centers, for-profit centers received a higher percentage of revenue from Medicaid and a lower percentage from private sources.
- A higher 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.

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



¹Differences between for-profit and nonprofit centers are significant at the $p < 0.05$ level.
²NOTE: Figure excludes cases with missing data; see "Data source and methods" for details.
 SOURCE: CDC/NCHS, National Study of Long-Term Care Providers, 2014.



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



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

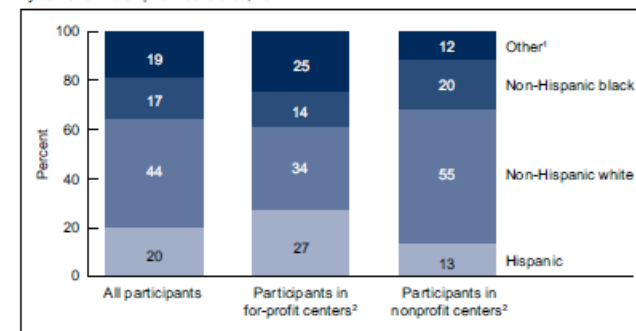
- The racial and ethnic composition of participants in for-profit adult day services centers was more diverse than in nonprofit centers.
- About 61% of participants in for-profit centers received Medicaid, compared with 46% of those in nonprofit centers.
- The percentage of participants living with Alzheimer's 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.

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



¹Includes 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.
²Significant 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.



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



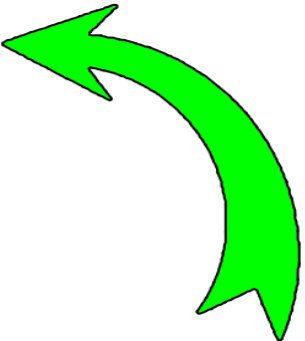
Table 1. State estimates for NCHS Data Brief No. 224, Variation in Operating Characteristics of Adult Day Services Centers, by Center Ownership: United States, 2014

State	For-profit ownership	In operation 10 years or more	Chain-affiliated	Had one or more participants who stopped using services due to cost
Percent				
All ADSCs ¹	44	60	42	14
Alabama	*	77	0	*
Alaska	0	†	*	*
Arizona	*	70	79	48
Arkansas	44	56	*	*
California	48	65	53	6
Colorado	44	41	31	*
Connecticut	34	74	26	21
Delaware	*	*	49	*
D.C.	*	*	*	*
Florida	52	43	28	30
Georgia	60	52	38	21
Hawaii	39	45	46	25

Interpretation of state web tables for NCHS Data Brief #165



Findings among adult day centers	2012 National Study of Long Term Care Providers	State of GA	Center
For profit ownership	40%	48%	
Average Daily Attendance	39	21	
Chain Affiliated	41%	38%	
In operation 10+ years	60%	48%	
Serve one or more participants whose long-term care services in the past 30 days was paid by Medicaid	87%	95%	
Screened participants for cognitive impairment	59%	70%	
Provided specific programs for Alzheimer's disease or other dementias	73%	88%	
Screened participants for depression	20%	19%	
Provided depression disease-specific programs for their participants	58%	59%	
Provided skilled nursing services	70%	70%	

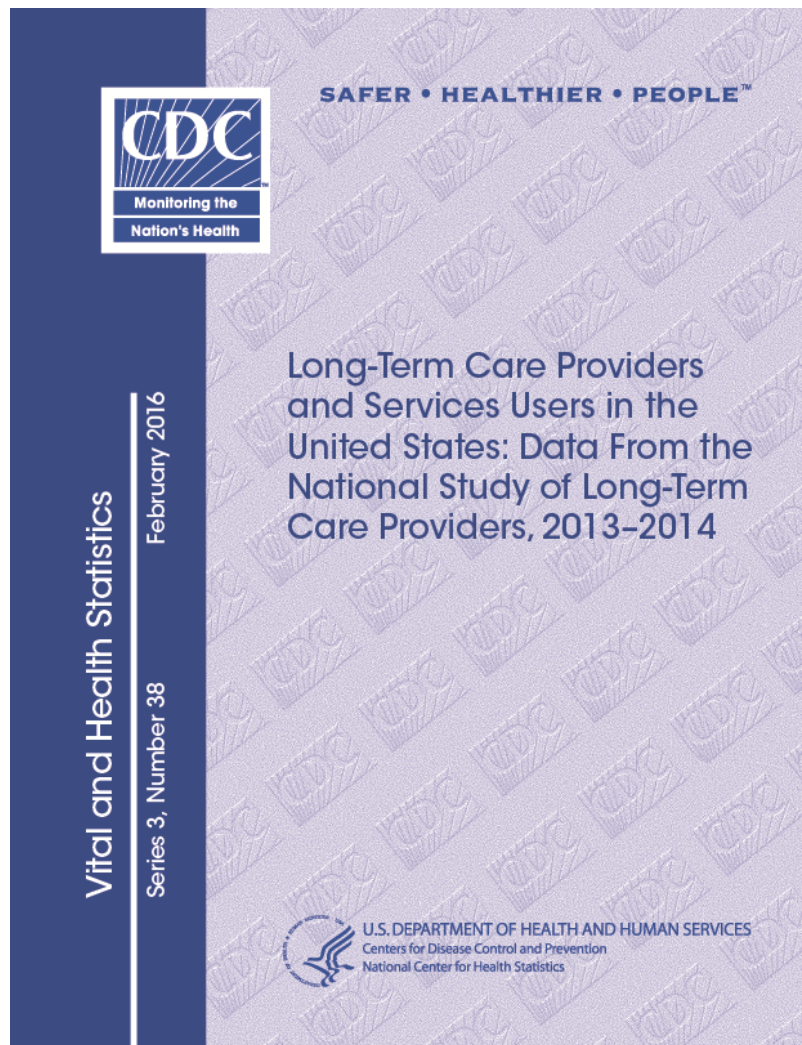


How does your center compare?

Table Design:
Teresa Johnson,
Former
Director,
National Adult
Day Services
Association

**DATA SOURCE:
NCHS**

Vital and Health Statistics, Series 3 Report



Link to source: 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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Bookmarks

- Providers and users of Long-Term Care Services, by Provider Type and Selected Characteristics
 - Table 1. Alabama Profile
 - Table 2. Alaska Profile
 - Table 3. Arizona Profile
 - Table 4. Arkansas Profile
 - Table 5. California Profile**
 - Table 6. Colorado Profile
 - Table 7. Connecticut Profile
 - Table 8. Delaware Profile
 - Table 9. District of Columbia Profile
 - Table 10. Florida Profile
 - Table 11. Georgia Profile
 - Table 12. Hawaii Profile
 - Table 13. Idaho Profile
 - Table 14. Illinois Profile
 - Table 15. Indiana Profile
 - Table 16. Iowa Profile
 - Table 17. Kansas Profile
 - Table 18. Kentucky Profile

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)									
Organization										
Number of providers ¹	1,100	(1)	1,100	(32)	300	(17)	1,200	(34)	3,200	(30)
Number of beds or licensed maximum capacity ²	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)
Metropolitan statistical area status (percent):										
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)	*	*
Ownership (percent):										
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)
Number of people served (percent):³										
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 ⁴	...	...	10.1	(0.9)	11.1	(1.8)	...	...	...	...
Staffing⁵										
Number of nursing employee FTEs	4,257	(141)	10,316	(432)	4,037	(368)	74,773	(2,348)	23,870	(1,514)
Nursing employee FTEs (percent):										
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)
Providers with one or more employee FTEs (percentage):										
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

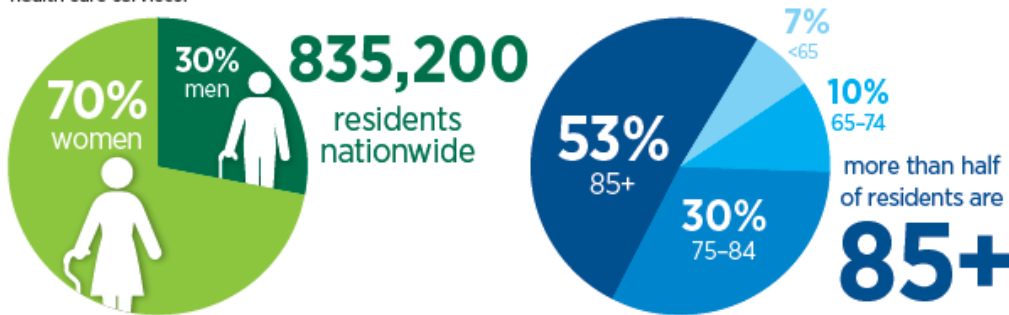
Source: CDC/NCHS, National Study of Long-Term Care Providers, 2012

Assisted Living: A Growing Aspect of Long Term Care

Assisted living communities serve individuals who need help with every day activities and some health care services but do not require 24-hour skilled nursing care services for extended periods of time. These communities offer a unique mix of companionship, independence, privacy, and security in a home-like setting. The philosophy of assisted living is built on the concept of delivering person-centered care and services to each individual resident.

Residents

Assisted living communities serve the oldest old who need help with some **activities of daily living (ADLs)** and health care services.



Activities of Daily Living



Common Conditions ALs Help Residents Manage



Activities and Services

SPECIALIZED DEMENTIA CARE SERVICES
Memory care is an increasing component of assisted living.

- 78% have dementia care units
- 12% have a unit, wing or floor designated
- 10% only serving adults with dementia

TYPICAL SERVICES

- 24-hour supervision and assistance
- Exercise, health, and wellness programs
- Housekeeping and maintenance
- Meals and dining services
- Medication management or assistance
- Personal care services such as ADLs
- Transportation

COORDINATED SERVICES
Assisted living does not directly provide certain health care services, but consistently works with other providers to offer these services.

- dental
- depression screening
- hospice
- mental health or counseling
- pharmacy/pharmacist
- podiatry
- skilled nursing
- therapy (physical, occupational or speech)

Assisted Living: A Growing Aspect of Long Term Care

Communities



Workforce

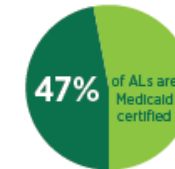


95% OF COMMUNITIES HAVE A LICENSED NURSE AVAILABLE 24-7

Paying for Care

\$43,200 per year
Average Yearly Cost

This is **less** than the average cost for homemaker services (\$44,616) or a home health aide (\$45,760). The majority of assisted living residents use some form of private funds to pay for care.



Medicaid

A little more than **15% of residents rely on Medicaid** to pay for daily services. Medicaid does not pay for room and board costs. Each state varies on whether it covers assisted living services.



Medicare

But many residents are Medicare beneficiaries, making Medicare issues (hospitalizations, medications, therapy services, etc.) important to assisted living providers.

PENNSYLVANIA



Residents

- **60%** are over the age of 85.
- **36%** have Alzheimer's disease or other form of dementia.

Providers

- **900**: The number of assisted living communities
- **60,500**: The number of beds or licensed max capacity

Workforce

- **19,742**: The number of nursing FTEs (nurses, LPNs/LVNs*, and personal care aides, certified nurse assistants, home health aides, home care aides, personal care assistants, and medication technicians or medication aides) working in assisted living communities.

OUR MISSION

Founded in 1990, Argentum (previously named Assisted Living Federation of America) serves as the voice for operators of senior living communities and the seniors and families those communities serve. Members of Argentum exemplify the principles of choice, dignity, and independence for seniors. To support these principles and to enhance quality of life for seniors, Argentum influences public policy, promotes business excellence, and ensures an informed public.

WHAT IS ASSISTED LIVING?

Assisted Living is a home and community based setting for older adults combining housing, supportive services and health care as needed. Individuals who choose assisted living enjoy an independent lifestyle with assistance customized to meet each resident's needs and benefits that enrich their lives.

Assisted Living promotes independence, purpose and dignity for each resident and encourages the involvement of a resident's family and friends. Staff is available to meet both schedule and unscheduled needs. Communities typically offer dining, social and wellness activities, and personal care service. There are currently 30,200 communities in the United States with more than 835,200 residents calling assisted living home.

OUR IMPERATIVES



WORKFORCE DEVELOPMENT

Growing a workforce of trained professionals to serve America's older adults

Adding **347,000** new jobs by 2025, senior living employment will exceed **1.1 million**.



QUALITY CARE

Nurturing environments that enhance the quality of life for senior living residents

75% of senior living residents currently are diagnosed with at least two **chronic conditions**.



OPERATIONAL EXCELLENCE

Improving the senior living business through innovation and technology

17.4% of residential care communities used **electronic health records** for purposes other than billing or accounting.



CONSUMER CHOICE

Promoting strategies for financing long term care services and supports

A 65 year old today will incur **\$138,100** in future lifetime expenses for severe long-term needs. **15%** of those **65 year olds** will incur more than **\$250,000**.



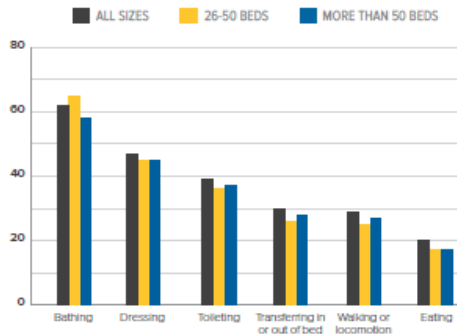
MEMORY CARE

Enhancing awareness and best practices for the care of residents with dementia

By 2050, **Alzheimer's** and other dementias is projected to cost the nation **\$226 billion**.

UNITED STATES RESIDENTS PROFILE

Need for assistance with selected activities of daily living among residential care residents, by community size: United States, 2014

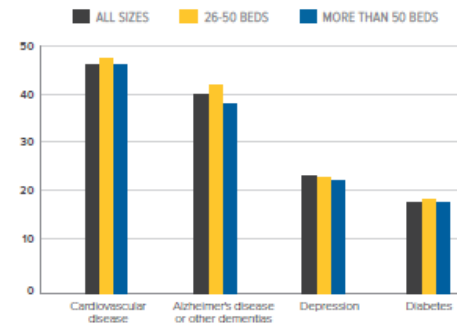


TOTAL RESIDENTS:
835,200

COMMUNITIES:
30,200

Majority of residents (53%) were aged 85 & over

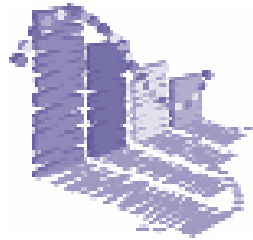
Selected diagnosed medical conditions among residential care residents, by community size: United States, 2014



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

Update on 2016 Adult Day Services Center 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

- Surveys 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
 - Core items common to both questionnaires
 - Service delivery models
 - Specialized centers
 - State estimates for core items and national estimates for version specific topics

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

Falls Risk Assessment Tools

Fall risk assessment tools often address gait, mobility, strength, balance, cognition, vision, medications, and environmental factors. Examples of tools include but are not limited to CDC's **Stopping Elderly Accidents, Deaths & Injuries** or **STEADI**; **Timed Up and Go** or **TUG** test; 30-second chair stand test; and 4-stage balance test. Does this center typically evaluate each participant's risk for falling using **any fall risk assessment tool**?

- Yes, as a standard practice with every participant
- Case by case, depending on each participant
- No

Falls Reduction Interventions

Fall reduction interventions may include but are not limited to environmental safety measures; medication reconciliation; exercise, gait, or balance training; and participant or family education. Does this center currently use **any formal fall reduction interventions?**

Advance Directives

Advance directives are written documentation and may include health care proxies, durable power of attorney, living wills, do not resuscitate (DNR) orders, or physician or medical orders for life sustaining treatments (POLST or MOLST).

Does this center provide any information about advance directives to participants or their families?

Yes

No

Future Enhancements Starting in 2018

- Alternate design between biennial study waves
 - 2016 and 2020 – Produce state and national estimates
 - Estimates for services user characteristics aggregated to the provider level (e.g., how many current residents are age 85 and older?)
 - restricted survey data available from NCHS Research Data Center
 - 2018 – National estimates only
 - individual-level services user data
 - produce survey public-use files

Importance of Submitting Your Questionnaire

- Informs policy makers and others about long-term care services and supports that you provide in your community
- Your participation contributes to the accurate representation of your industry in your state and across the nation

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.

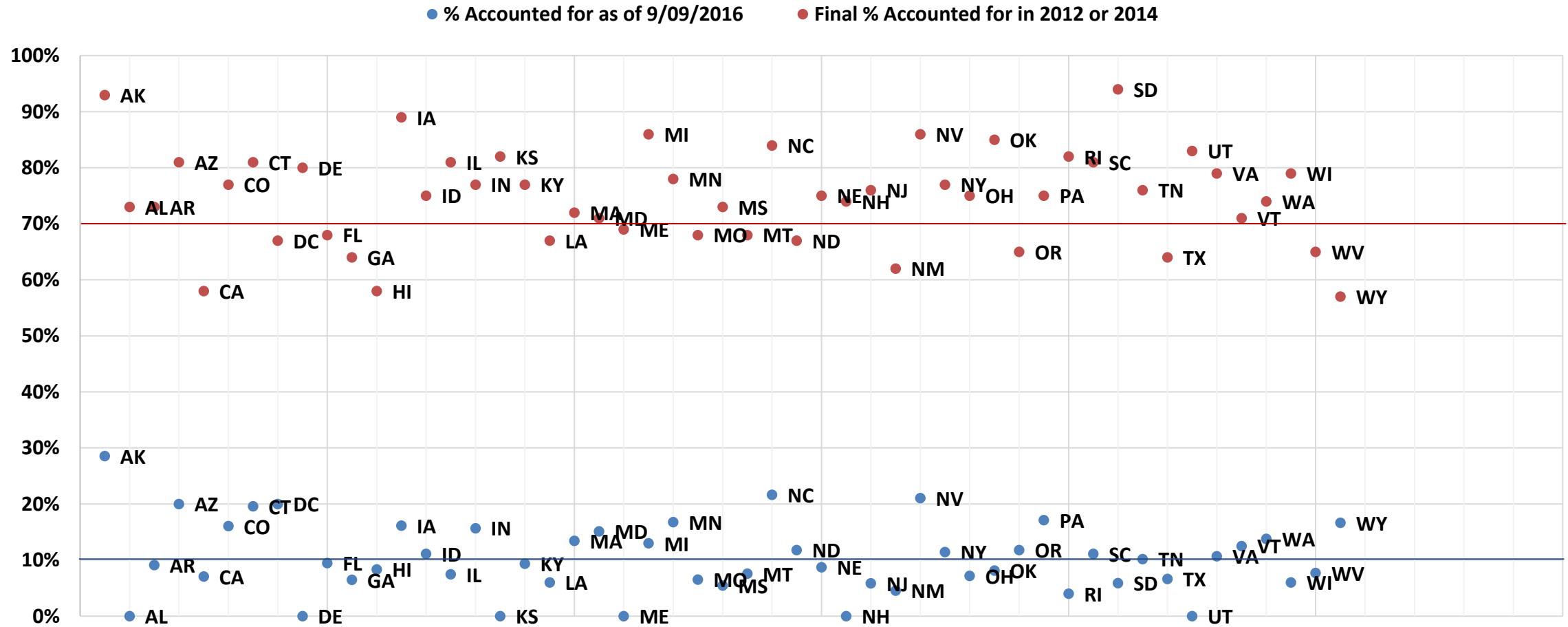
What's in it for your Adult Day Services Center?

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

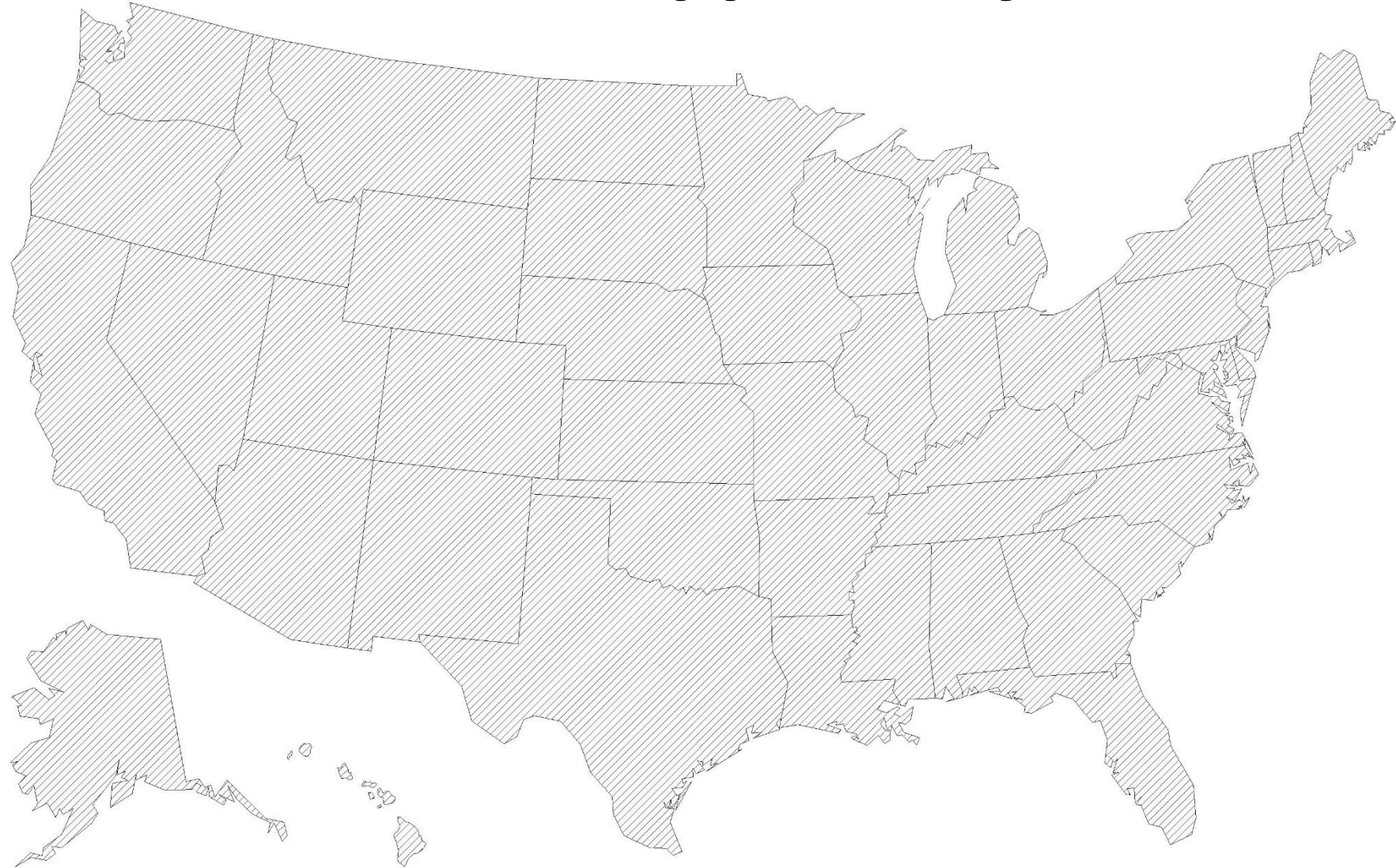
Percentage of centers that have submitted Adult Day Services Center questionnaires, by state and survey year



NOTES: Percent of cases 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. “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 9/09/2016—compared to 70% at the end of data collection in 2012.

Source: CDC/NCHS, National Study of Long-Term Care Providers, 2014

This could happen to you!



 Estimate does not meet reliability or confidentiality standards

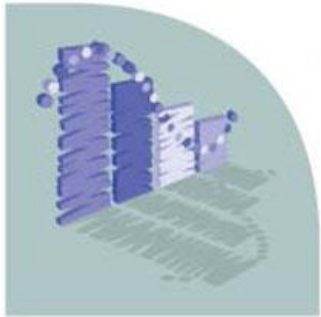
Submit your Questionnaire today and make your voices heard!

Every Center Counts!

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

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

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

Phone: 301-458-4747

Visit us on the web at:

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