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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National Center for Health Statistics
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
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

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

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**
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:

- **2014 NSLTCP Survey Methodology PDF Document.** Can be accessed directly at the following URL:
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

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

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>48</td>
</tr>
<tr>
<td>Nevada</td>
<td>36</td>
</tr>
<tr>
<td>Oklahoma, Maryland</td>
<td>34</td>
</tr>
<tr>
<td>Washington State</td>
<td>27</td>
</tr>
<tr>
<td>Florida</td>
<td>30</td>
</tr>
<tr>
<td>Hawaii</td>
<td>25</td>
</tr>
<tr>
<td>South Carolina, Tennessee, North Carolina</td>
<td>24</td>
</tr>
<tr>
<td>Illinois, Minnesota</td>
<td>21</td>
</tr>
<tr>
<td>National</td>
<td>14</td>
</tr>
<tr>
<td>New Jersey</td>
<td>13</td>
</tr>
<tr>
<td>Massachusetts, Texas, Pennsylvania</td>
<td>10</td>
</tr>
<tr>
<td>California</td>
<td>6</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>6</td>
</tr>
<tr>
<td>Minnesota</td>
<td>8</td>
</tr>
<tr>
<td>New Jersey</td>
<td>9</td>
</tr>
<tr>
<td>Ohio</td>
<td>11</td>
</tr>
<tr>
<td>Colorado</td>
<td>13</td>
</tr>
<tr>
<td>National</td>
<td>21</td>
</tr>
<tr>
<td>Missouri</td>
<td>24</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>27</td>
</tr>
<tr>
<td>Iowa</td>
<td>27</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>40</td>
</tr>
<tr>
<td>California</td>
<td>55</td>
</tr>
</tbody>
</table>

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.

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

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>57%</td>
</tr>
<tr>
<td>Michigan</td>
<td>52%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>43%</td>
</tr>
<tr>
<td>Florida</td>
<td>39%</td>
</tr>
<tr>
<td>National</td>
<td>36%</td>
</tr>
<tr>
<td>New York</td>
<td>14%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>12%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>11%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>8%</td>
</tr>
<tr>
<td>California</td>
<td>7%</td>
</tr>
<tr>
<td>Texas</td>
<td>6%</td>
</tr>
</tbody>
</table>

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.

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation for social activities</td>
<td>69%</td>
</tr>
<tr>
<td>Skilled nursing</td>
<td>66%</td>
</tr>
<tr>
<td>Social work</td>
<td>52%</td>
</tr>
<tr>
<td>Physical, occupational, or speech therapeutic</td>
<td>49%</td>
</tr>
<tr>
<td>Mental health</td>
<td>33%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>27%</td>
</tr>
<tr>
<td>Hospice</td>
<td>12%</td>
</tr>
</tbody>
</table>

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](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
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 adult day services centers that use electronic health records, by state: United States, 2014

Note: The national estimate is 23%. Significance tested at p<0.05.
SOURCE: NCHS, National Study of Long-Term Care Providers, 2014
Percentage of centers that have a computerized system for health information exchange with physicians, pharmacies, or hospitals: United States, 2014

- Electronic health records: 23%
- Electronic health information exchange with physicians: 8%
- Electronic health information exchange with pharmacies: 6%
- Electronic health information exchange with hospitals: 6%

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)
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

Legend:
- 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
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
• More than one-quarter of a million participants were enrolled in 4,900 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/instudy/instudy_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.

More than one-quarter of a million participants were enrolled in 4,900 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. Key estimates for the characteristics presented in this data brief are available online at: http://www.cdc.gov/nchs/instudy/instudy_products.htm.

Key Findings
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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 service center participants, by center ownership, United States, 2014.
<table>
<thead>
<tr>
<th>State</th>
<th>For-profit ownership</th>
<th>In operation 10 years or more</th>
<th>Chain-affiliated</th>
<th>Had one or more participants who stopped using services due to cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ADSCs ¹</td>
<td>44</td>
<td>60</td>
<td>42</td>
<td>14</td>
</tr>
<tr>
<td>Alabama</td>
<td>*</td>
<td>77</td>
<td>0</td>
<td>*</td>
</tr>
<tr>
<td>Alaska</td>
<td>0</td>
<td>†</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Arizona</td>
<td>*</td>
<td>70</td>
<td>79</td>
<td>48</td>
</tr>
<tr>
<td>Arkansas</td>
<td>44</td>
<td>56</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>California</td>
<td>48</td>
<td>65</td>
<td>53</td>
<td>6</td>
</tr>
<tr>
<td>Colorado</td>
<td>44</td>
<td>41</td>
<td>31</td>
<td>*</td>
</tr>
<tr>
<td>Connecticut</td>
<td>34</td>
<td>74</td>
<td>26</td>
<td>21</td>
</tr>
<tr>
<td>Delaware</td>
<td>*</td>
<td>*</td>
<td>49</td>
<td>*</td>
</tr>
<tr>
<td>D.C.</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Florida</td>
<td>52</td>
<td>43</td>
<td>28</td>
<td>30</td>
</tr>
<tr>
<td>Georgia</td>
<td>60</td>
<td>52</td>
<td>38</td>
<td>21</td>
</tr>
<tr>
<td>Hawaii</td>
<td>39</td>
<td>45</td>
<td>46</td>
<td>25</td>
</tr>
</tbody>
</table>
Table Design: Teresa Johnson, Former Director, National Adult Day Services Association

DATA SOURCE: NCHS

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

- 835,200 residents nationwide
- 70% women
- 30% men
- 53% 65-74
- 30% 75-84
- 10% 85+
- more than half of residents are 85+

Activities of Daily Living

- 62% need help with bathing
- 47% need help with dressing
- 39% need help with toileting
- 20% need help with eating
- 30% need help with transfers

The median length of stay is about 22 months

Common Conditions ALs Help Residents Manage

- 40% have Alzheimer's disease or dementia
- 46% have cardiovascular disease
- 23% have depression
- 17% have diabetes

Activities and Services

- SPECIALIZED DEMENTIA CARE SERVICES: Memory care is an increasingly important aspect of assisted living.
  - 23% have significant needs
  - 12% have a unit, wing, or floor designated
  - 10% only serving adults with dementia

Coordinated 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 personal health care services, but constantly works with other providers to offer these services.
- Dental
- Vision screening
- Hospice
- Mental health or counseling
- Pharmacy/Dispensing
- Podiatry
- Skilled nursing
- Therapy (physical, occupational, or speech)

Paying for Care

- Average Yearly Cost:
  - Medicaid: $43,200 per year
  - Medicare: $47,060

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.

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.
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 time-bounded needs. Communities typically offer dining, social and wellness activities, and personal care services. There are currently 30,200 communities in the United States with more than 835,200 residents calling assisted living homes.

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 11 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 use 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. 16% of those 65 year olds will incur more than $290,000

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 $255 billion

UNITED STATES RESIDENTS PROFILE

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>All Sizes</th>
<th>24-50 Beds</th>
<th>More Than 50 Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>28.0%</td>
<td>30.0%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Dressing</td>
<td>19.0%</td>
<td>15.0%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Feeding</td>
<td>12.0%</td>
<td>11.0%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Transferring</td>
<td>16.0%</td>
<td>16.0%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Managing or taking medications</td>
<td>11.0%</td>
<td>11.0%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Toileting</td>
<td>10.0%</td>
<td>10.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Total</td>
<td>62.0%</td>
<td>66.0%</td>
<td>59.0%</td>
</tr>
</tbody>
</table>

TOTAL RESIDENTS: 835,200
COMMUNITIES: 30,200

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>All Sizes</th>
<th>24-50 Beds</th>
<th>More Than 50 Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>14.0%</td>
<td>15.0%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Arthritis of other joints</td>
<td>10.0%</td>
<td>11.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Depression</td>
<td>12.0%</td>
<td>12.0%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Dementia</td>
<td>16.0%</td>
<td>18.0%</td>
<td>14.0%</td>
</tr>
</tbody>
</table>

SOURCE: U.S. National Survey of Essential Health Services, 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

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 to 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!
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.
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