2017 Top Priorities for Aging & Disability Agency Leadership

1. Ensuring Compliance with the Medicaid Home and Community-based Services Regulation
2. Adult Protective Services and Elder Justice
3. Improving Quality Across Programs
4. Managed Long-Term Services and Supports
5. Implementing the Long-term Care Ombudsman Regulation
6. Addressing Senior Hunger, Nutrition, and Food Insecurity
7. Services for Individuals with Alzheimer’s and Related Dementia
Federal Programs Supporting Alzheimer’s Care

• **Medicare**—inpatient hospital care; some doctor’s fees; some medical items; outpatient drugs; some home health under certain conditions but does NOT pay for person to assist with daily activities or long term nursing home care.

• **Medicaid**—is based on both functional and financial eligibility and varies state by state. If eligible, Medicaid will pay for nursing home care and if qualified under HCBS waiver program—pay for services in home and community settings.

• **Older Americans Act**—everyone 60 and over is eligible but because of limited funding must meet targets.
# Average Cost of Care

## Annual Costs: National Median (2016)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Cost 2016</th>
<th>5-yr Annual Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Health Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homemaker Services</td>
<td>$45,760</td>
<td>2%</td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>$46,332</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Adult Day Health Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Day Health Care</td>
<td>$17,680</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Assisted Living Facility</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted Living Facility</td>
<td>$43,539</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Nursing Home Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi-Private Room</td>
<td>$82,125</td>
<td>3%</td>
</tr>
<tr>
<td>Private Room</td>
<td>$92,378</td>
<td>4%</td>
</tr>
</tbody>
</table>

Genworth 2016 Cost of Care Survey, conducted by CareScout®, April 2016

1. Based on 5 days per week by 52 weeks
2. Based on 44 hours per week by 52 weeks
3. Represents the compound annual growth rate based on Genworth Cost of Care Survey
4. Based on 12 months of care, private, one bedroom
5. Based on 365 days of care

[View the survey methodology](#)
**Average Cost of Care**

**Figure 3**

**Average Annual Per Capita Health Care Spending for Adults with Dementia in the Community, by Medicaid Coverage**

<table>
<thead>
<tr>
<th>Adults with Medicaid</th>
<th>Adults without Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>$23,407</td>
<td>$17,082</td>
</tr>
<tr>
<td>$12,603</td>
<td>$14,129</td>
</tr>
<tr>
<td>$10,805</td>
<td>$2,952</td>
</tr>
</tbody>
</table>

- **Medicare/Other**
- **Out of Pocket**
- **Medicaid**

**NOTE:** The analysis excludes adults with partial-year Medicaid coverage and adults who reside in institutions. Dementia includes delirium, dementia, and amnestic and other cognitive disorders. Out of pocket spending for adults with Medicaid is included in Medicare/Other category because the standalone estimate does not meet standards for statistical reliability.

**SOURCE:** KCMU analysis of 2010-2012 pooled MEPS data.
Figure 2

Health Characteristics of Adults with Dementia in the Community, by Medicaid Coverage Status

- Adults with Medicaid
- Adults without Medicaid

Share reporting:

- Health Status: Fair or Poor Health
  - 68%*
  - 49%

- Chronic Conditions: 3 or more
  - 90%
  - 85%

NOTE: The analysis excludes adults with partial-year Medicaid coverage and adults who reside in institutions. Dementia includes delirium, dementia, and amnestic and other cognitive disorders. * Significantly different from adults without Medicaid at the p<0.05 level.

SOURCE: KCMU analysis of 2010-2012 pooled MEPS data.
Examples of OAA Funded Services for Individuals with Dementia

- Adult Day Health/Adult Day Services
- Dementia Support Groups
- Case Management
- Congregate/Home Delivered Meals
- Family Caregiver Support
- Homemaker
- Independent Living
- Legal Assistance
- LIHEAP
- Personal Care
- Senior Centers
- Respite
- Information & Referral/Options Counseling

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Current OAA Clients & Potential Eligibles

Source: NASUAD Analysis of U.S. Census (Current Population Survey) and AGID Data
Change in Medicaid HCBS Expenditures FY15-FY16 (for specific populations)

- Children with ID/DD
- Individuals with Traumatic or Acquired Brain Injuries
- Adults with Behavioral Health Conditions
- Adults with Physical Disabilities
- Older Adults (age 65+)
- Adults with ID/DD
- Adults with Autism Spectrum Disorder
- Alzheimer’s disease and related dementias

Number of States:
- Stayed the Same
- Decreased
- Increased
Change in Medicaid HCBS Caseload FY15-FY16 (for specific populations)

- Children with ID/DD
- Older individuals with ID/DD (age 65+)
- Individuals with Traumatic or Acquired Brain Injuries
- Adults with Behavioral Health Conditions
- Adults with Physical Disabilities
- Older Adults (age 65+)
- Adults with ID/DD
- Adults with Autism Spectrum Disorder
- Alzheimer's disease and related dementias

Legend:
- Stayed the Same
- Decreased
- Increased
Adult Day Centers Provide Medical Services

Percentage of Centers Providing Specified Services

- Meals
- Socialization
- Toiling
- Assistance with Eating
- Transferring
- Ambulation
- Blood Pressure Monitoring
- Medication Management
- Transportation
- Monitoring Vital Signs
- Diabetes Management and Monitoring
- Grooming (assistance with nail and hair care, etc.)
- Bathing
- Activities in the Community
- Wound Care
- Physical Therapy
- Catheter Care
- Occupational Therapy
- Oxygen Therapy
- Speech Therapy
- Colostomy Care
- Tube Feeding
- Podiatry
- Other Rehabilitation Services
- Tracheostomy Care
- Dentistry
Residential Settings that May not Meet Requirements

- Assisted living facility
- ID/DD group home
- Secure memory-care facility
- Farmstead community for individuals...
- Training center for individuals with...
- Adult foster care provider
- Group home for seniors
- Group home for individuals with...
- Gated community for individuals with...
- Gated community for seniors

Number of States
Importance of Caregiving

The economic value of family caregiving is as big as the world’s largest company, and bigger than Medicaid and out-of-pocket (OOP) spending on health care.

<table>
<thead>
<tr>
<th>Category</th>
<th>Economic Value in Billions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walmart</td>
<td>$477</td>
</tr>
<tr>
<td>Family Caregiving</td>
<td>$470</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>$449</td>
</tr>
<tr>
<td>OOP Spending on Care</td>
<td>$339</td>
</tr>
<tr>
<td>Total Medicaid LTSS</td>
<td>$123</td>
</tr>
</tbody>
</table>
The Growing Value of Caregiving

Uncompensated Family & Friend Caregiving* > Total Medicaid Spending

$470 Billion Economic Value > $449 Billion

*CAREGIVERS IN 2013
Profile of Caregivers in America

- 82% care for 1 adult
- 15% care for 2 adults
- 3% care for 3+ adults

On average, caregivers help with 4.2 Instrumental Activities of Daily Living

Caregivers by Race:
- 16.9% White
- 19.7% Asian American
- 20.3% African American
- 21% Hispanic

$28+ billion in lost productivity for full/part-time employed caregivers

49% felt they had no choice in taking on this role

85% provide care to a relative

28% of caregivers have a child or grandchild living with them

8.4 million provide care to an adult with an emotional or mental health issue

17.9 billion hours of unpaid care for people with Alzheimer’s & related dementias

600,000-700,000 families have an adult with I/DD living with aging family members with no future planning
For more information, please visit: www.nasuad.org

• Or call us at: 202-898-2578