Long Term Services and Supports

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Presentation at the National Health Policy Forum
“Focus on Reform: Long-Term Services and Supports and the CLASS Act”
June 18, 2010
1. “Long term services and supports” has been coined to reflect the reality of long term care as it has evolved.

2. Need for LTSS is defined based on functional limitations regardless of cause, setting, or payer.

3. An individual’s lifetime risk of needing LTSS is high and unequally distributed.

4. Most adults who need LTSS live in the community relying on unpaid help, and over two-fifths are under 65.
1. “Long term services and supports” has been coined to reflect the reality of long term care as it has evolved.
Why a different name?

- Early Medicaid shaped conception of “long term care” as nursing home care
- After decades of change, term “LTC” leads to confusion
  - **Demographic**: Growing population with need; fewer children
  - **Market**: Consumer awareness; new care arrangements
  - **Policy**: Shift to less restrictive settings; consumer-directed care
- “Long term services and supports” has been suggested to reduce confusion and to reflect changed reality
- New perspective underlies PPACA
Changed perspective for policy

Early Perspective
- Care
- Nursing homes only
- Public program determines provider and care
- Quality of care
- Long term care is separate from other care

Evolving Perspective
- Services and supports
- All settings—at home, in assisted living, adult day care
- Person chooses services, setting, arrangements
- Quality of life
- LTSS, medical, end of life care intersect for a person
2. Need for LTSS is defined based on functional limitations regardless of cause, setting, or payer.
What are LTSS?

A broad range of supportive services needed by people who have 
limitations in their ability to perform daily activities because of 
a physical, cognitive, or mental disability or condition.

What causes functional limitations?

- Chronic diseases or conditions
- Developmental disabilities
- Aging
- Trauma
- Alzheimer’s disease and dementia
Where do people receive LTSS?

- At home (from unpaid family, friends, and paid caregivers)
- In the community (e.g., adult day care centers, workplace)
- In residential places (e.g., group homes, assisted living facilities, adult foster care)
- In nursing facilities
LTSS are needed by people with functional limitations regardless of:

- **Cause of the functional limitation**
- **Age of the person**
- **Where assistance is received**
- **Whether assistance is human or mechanical**
- **Whether assistance is paid or unpaid**
What LTSS are NOT

- Medical and nursing care for chronic health conditions underlying disability
- Short-term post-acute care after hospitalization
- Hospice care

But all of these intersect LTSS for the individual.

Individuals who need LTSS often also have chronic health conditions, may be hospitalized, or are nearing end of life.
How is need for LTSS defined in practice?

**Activities of Daily Living (ADLs)**
- Eating
- Toileting
- Transferring
- Bathing
- Dressing
- Continence

**Instrumental Activities of Daily Living (IADLs)**
- Going places
- Shopping
- Cooking
- Housework
- Managing money
- Managing medications

**Supervision**
To prevent harm due to intellectual or cognitive impairment
Why is the definition important for policy?

• Basis for eligibility for state LTSS
• Private insurance’s benefit trigger
• CLASS Act’s benefit trigger
  1. Is unable to perform at least 2 or 3 activities of daily living without substantial assistance; or
  2. Requires substantial supervision to protect the individual due to substantial cognitive impairment; or
  3. Has a similar level of functional limitation (for 90 days or longer in each case)
3. An individual’s lifetime risk of needing LTSS is high and unequally distributed.
What LTSS risk does an individual face?

<table>
<thead>
<tr>
<th>Risk at age 65 of needing LTSS before death</th>
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<tbody>
<tr>
<td>Percent who will need some LTSS</td>
</tr>
<tr>
<td>Average duration, all people turning 65</td>
</tr>
</tbody>
</table>

Source: Kemper, Komisar, & Alecxih (2006)
Risk of needing LTSS is unequally distributed

<table>
<thead>
<tr>
<th>Years needing LTSS after age 65</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td>31%</td>
</tr>
<tr>
<td>1 or less</td>
<td>17%</td>
</tr>
<tr>
<td>1-2</td>
<td>12%</td>
</tr>
<tr>
<td>2-5</td>
<td>20%</td>
</tr>
<tr>
<td>More than 5</td>
<td>20%</td>
</tr>
</tbody>
</table>

4. Most adults who need LTSS live in the community relying on unpaid help, and over two fifths are under 65.
Percent of the adult population that needs LTSS rises with age

Note: This and subsequent population charts exclude children.

Source: Feder, Komisar, & Friedland (2007).
Nonetheless, over two fifths of adults who need LTSS are under age 65

- Under 65: 42%
- 65 and older: 58%

Source: Feder, Komisar, & Friedland (2007).
Most adults who need LTSS live in the community, especially under 65

- Community, Over 65: 45%
- Community, Under 65: 40%
- Nursing home, Over 65: 13%
- Nursing home, Under 65: 2%

Source: Feder, Komisar, & Friedland (2007).
Most adults in the community who need LTSS receive unpaid help

Unpaid only 76%
Paid only 8%
Both paid and unpaid 14%
None 2%

Source: Feder, Komisar & Friedland 2007
Who cares varies with recipient’s age

Source: Kaye, Harrington, & LaPlante (2010).
Recap
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