Not Your Grandmother’s Nursing Home

Peter Kemper
Deputy Assistant Secretary for Planning and Evaluation
Office of Disability, Aging, and Long Term Care Policy
What is Assisted Living?

• Provides housing, personal care, and 24-hour supervision
• Varies in size, amenities, and residents served
• Terminology, regulation differ across states
• Largely private pay
• Predominantly for-profit (82%)
• Substantial share are chain affiliated (38%)
Policy Relevance

• Where people with disabilities live has shifted
  – Market response to increased income and demand
  – Policy to rebalance; ADA and Olmstead decision

• Shift has raised new questions
  – Should it be viewed as home or nursing home?
  – How should beneficiaries be protected?
  – When care needs increase, how should transitions be managed?
Data Source
National Survey of Residential Care Facilities

- Data on facilities and residents in 2010
- Sponsored by NCHS, ASPE, AHRQ, and VA
- Work at:
  - NCHS: Lauren Harris-Kojetin, Manisha Sengupta, Christine Caffrey, Eunice Park-Lee
  - RTI International under contract for ASPE: Josh Wiener, Angela Greene, Galina Khatutsky
  - ASPE: Emily Rosenoff, John Drabek, Gavin Kennedy
Survey Definition of Residential Care

• Serves primarily an adult population; not a nursing facility
• **Four or more beds**; at least one resident at time of survey
• **Licensed** or otherwise regulated by the state to:
  – Provide **room and board** with at least 2 meals a day
  – Provide **around-the-clock on-site supervision**
  – Offer **help with personal care** or health care-related services
• Excludes facilities exclusively serving adults with severe mental illness or intellectual or developmental disabilities
Residential Care Varies Greatly
Variety of Residential Care Facilities
Majority of **Facilities** Are Small, But Most **Residents** Live in Large Facilities

- **Over 100 beds**: 7%
- **26 to 100 beds**: 28%
- **11 to 25 beds**: 16%
- **4 to 10 beds**: 50%

**Total Facilities**: 31,100

- **Over 100 beds**: 29%
- **26 to 100 beds**: 52%
- **11 to 25 beds**: 9%
- **4 to 10 beds**: 10%

**Total Residents**: 733,400
Residents Live in Facilities Providing Varying Levels of Care

Average Hours of Direct Care per Resident per Day in the Facility

- <1 Hour: 10% of Residents
- 1.0-2.9 Hours: 40% of Residents
- 3.0-4.9 Hours: 20% of Residents
- 5.0+ Hours: 25% of Residents
Residents’ Privacy Varies

Residents’ Living Arrangements

- Apartments: 41.5%
- Rooms designed for 1: 31.6%
- Rooms designed for 2+: 26.9%
Many in Residential Care Are as Frail as Those in Nursing Homes
## Nursing Home and Residential Care Industries

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Number of Facilities</th>
<th>Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Homes*</td>
<td>15,682</td>
<td>1,396,448</td>
</tr>
<tr>
<td>Residential Care **</td>
<td>31,000</td>
<td>733,300</td>
</tr>
</tbody>
</table>

*2010 American Health Care Association  
** 2010 NSRCF
Need for Personal Care in Residential Care Is Great But Not As Great As in Nursing Homes

![Bar chart showing the need for personal care in residential care facilities and nursing facilities. The chart includes data for transfer, dressing, eating, toilet use, and bathing.]
As in Nursing Homes, Alzheimer’s and Other Chronic Conditions Are Prevalent
Reliance on Residential Care Varies Across Regions

Beds per 1,000 People Age 85 and Older

Source: 2004 NNHS, 2010 NSRCF

<table>
<thead>
<tr>
<th>Region</th>
<th>Residential Care Facilities</th>
<th>Nursing Home Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td>131</td>
<td>344</td>
</tr>
<tr>
<td>Midwest</td>
<td>177</td>
<td>410</td>
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<tr>
<td>South</td>
<td>164</td>
<td>377</td>
</tr>
<tr>
<td>West</td>
<td>246</td>
<td>241</td>
</tr>
</tbody>
</table>

Source: 2004 NNHS, 2010 NSRCF
Medicaid Pays for Nursing Homes But Not Room and Board in Residential Care
Nursing Home Financing

- Medicaid: 32%
- Medicare: 22%
- Private Health Insurance: 9%
- Dept. of Veterans Affairs: 3%
- Other: 6%
- Out of Pocket: 28%

Source: 2010 National Health Expenditures Account, CMS
Residential Care Financing

• Medicaid does not pay for room and board
• But residents may receive some services under Medicaid, if they are Medicaid beneficiaries
• 19% of residents receive services under Medicaid
• 43% of facilities have at least one resident receiving Medicaid services
Over Half of Residents Under 65 Receive Medicaid Services, But Many Residents Over 65 Also Receive Medicaid
Conclusion
Not Your Grandmother’s Nursing Home
Summary

• Residential care facilities have similarities to both home and nursing homes
• Residential care facilities vary greatly
• Many residents of residential care facilities are as frail as those in nursing homes
• Medicaid pays for nursing homes but not room and board in residential care
Implications

• Growth in residential care has created new opportunities for more home-like living
• Also creates new policy challenges
  – Beneficiary protection
  – Transition when care needs increase
  – Treat as home or institution?
Appendix
For More on Residential Care

The NHCS NSRCF website has additional data on survey methodology, data files, and data dictionaries (including frequencies) and links to NCHS Data Briefs.

http://www.cdc.gov/nchs/nsrfc.htm

Link to the NCHS Data Users Conference presentation on the NSRCF

http://www.cdc.gov/nchs/events/2012nchs/program_tuesday.htm#ss06


http://www.cdc.gov/nchs/data/databriefs/db91.htm


http://www.cdc.gov/nchs/data/databriefs/db78.htm
Data and Methods

• Two-stage probability sampling design
  – Residential Care Facilities sampled first
  – Depending on facility size, sampled 3–6 current residents per facility

• In-person interviews were conducted with facility directors and designated staff

• Data on residents collected from staff; no interviews with residents
Data and Methods (cont.)

- Facility weighted response rate 81%; Resident weighted response rate 99%

- Study sample:
  - Merged facility- and resident-level data at NCHS’s Research Data Center
  - 2,302 RCF facilities
  - 8,094 current RCF residents

- All results represent weighted estimates