

Trends in Post-Acute & Long-Term Care

October 21, 2023

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FMDA - The Society for Post Acute & Long-Term Care

Welcome to Florida:
By 2030, 57% of new
residents will be 65+

Aging Demographics:

USA & FL

**Which US State
is currently
home to the
largest % of
people over the
Age of 65?**

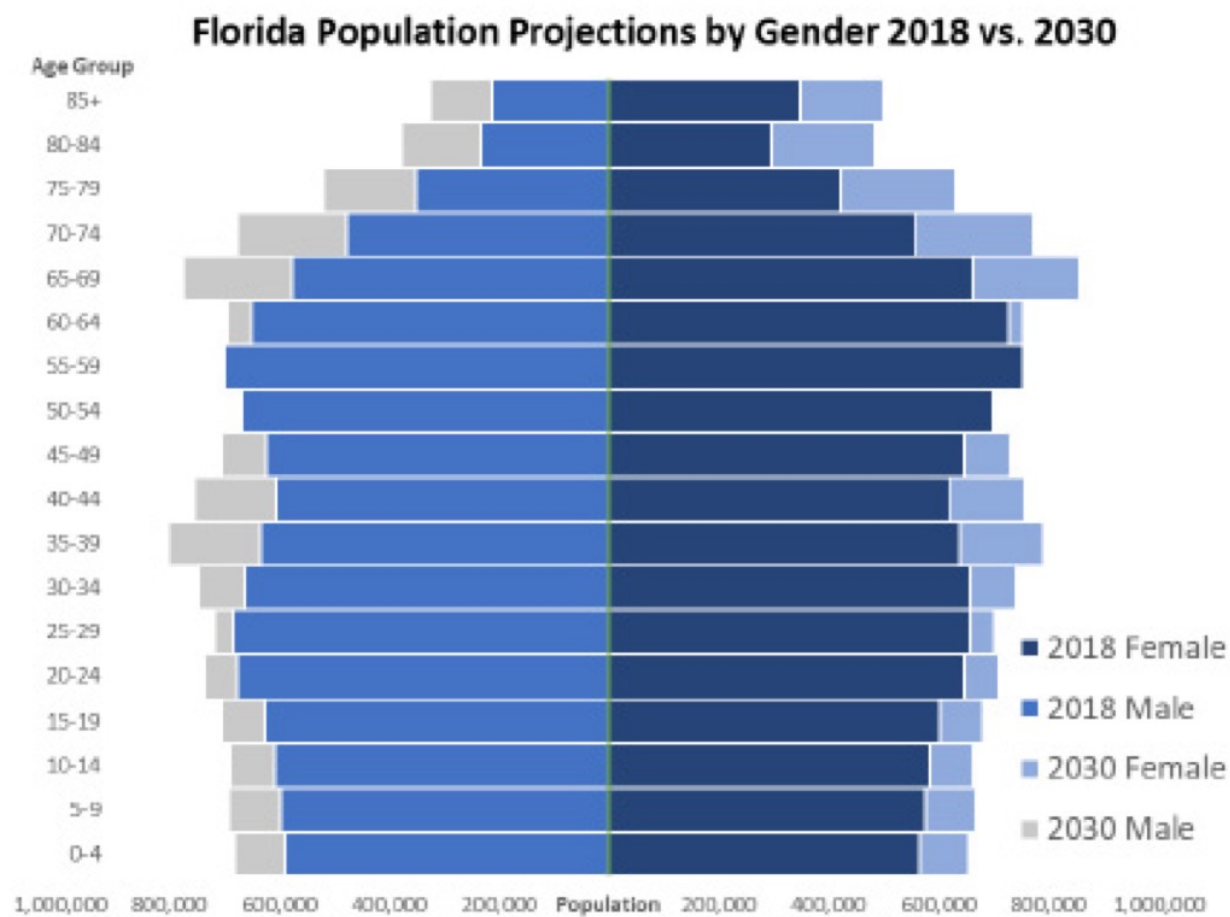
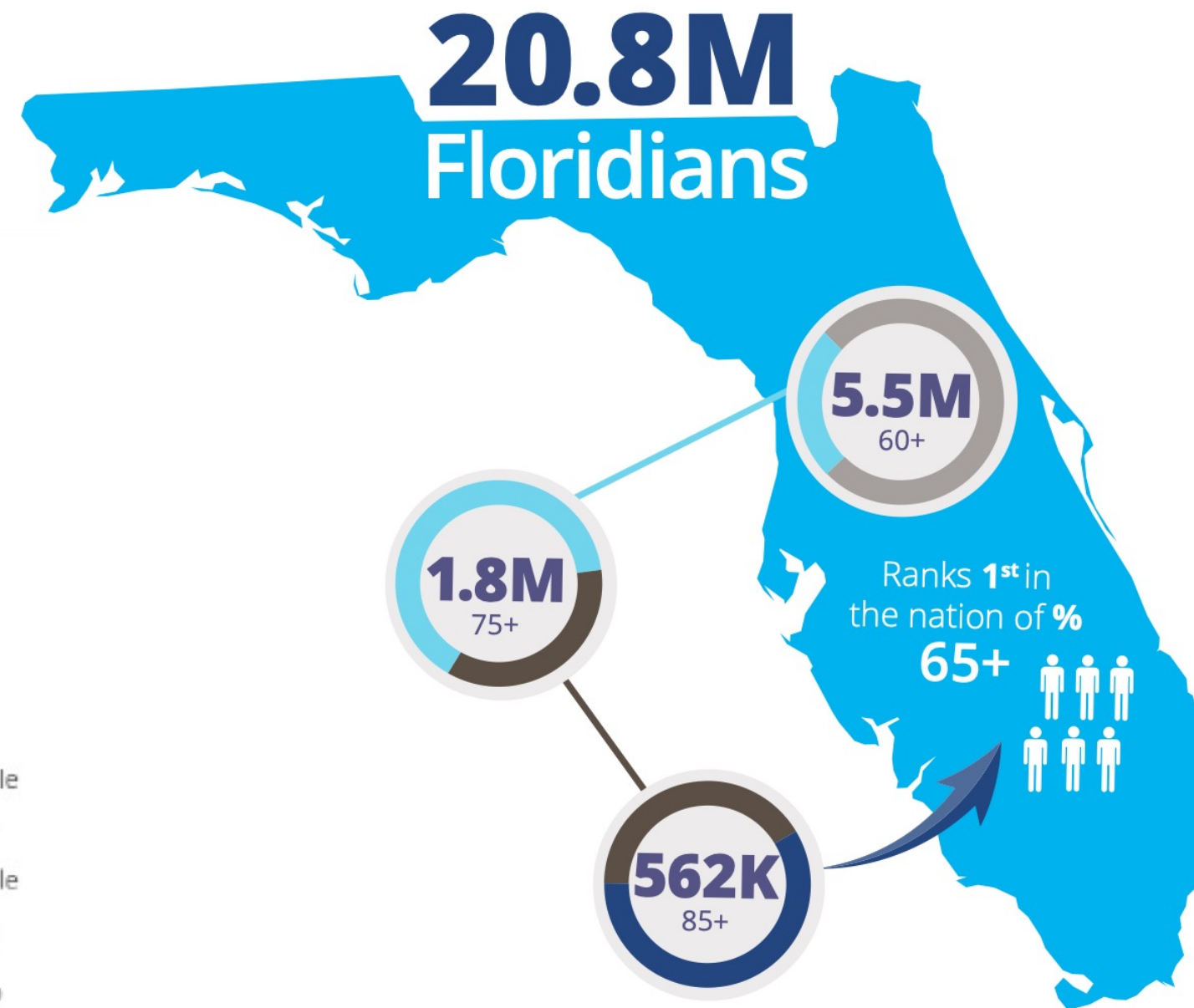
A) Florida

B) Maine

C) Vermont

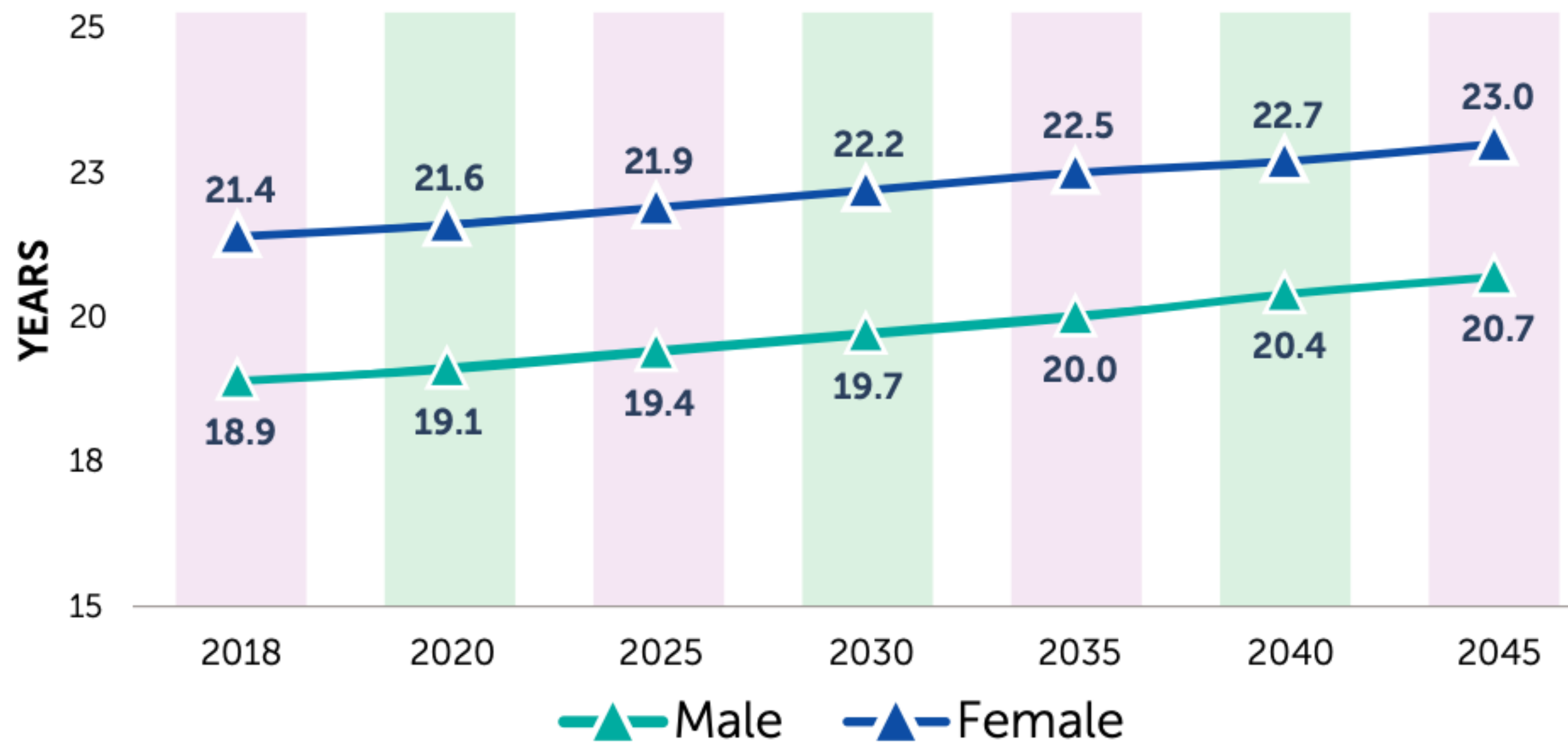
D) West Virginia





Florida Population Projections by Gender 2018 vs. 2030 Source: Bureau of Economic and Business Research, 2010 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2020-2045, With 2018 Estimates (Released June 27, 2019)

UNITED STATES LIFE EXPECTANCY AT AGE 65: 2018 TO 2045



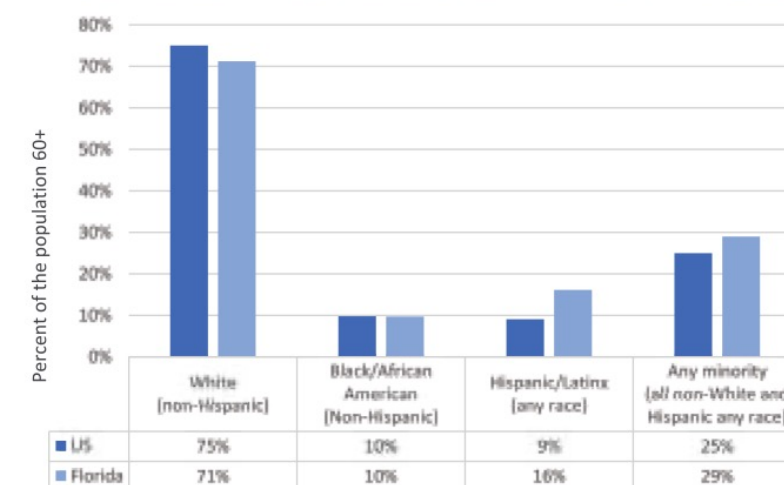
Source: Social Security Administration 2019 OASDI Trustees Report. Table V.A5. Cohort Life Expectancy—Intermediate Projections

COUNTIES IN FLORIDA WHERE 40 PERCENT OR MORE OF THE TOTAL POPULATION IS 60 OR OLDER, 2018

County	Total Population (All)	Total Population 60+	Percent 60+
Sumter	124,935	76,168	61.0%
Charlotte	177,987	82,860	46.6%
Citrus	145,721	63,747	43.7%
Sarasota	417,442	178,361	42.7%
Highlands	102,525	43,032	42.0%

Source: Office of Economic and Demographic Research (2019). Demographic Estimating Conference Florida Demographic Forecast. Tallahassee, FL. Retrieved from edr.state.fl.us/content/conferences/population/ComponentsofChange.pdf

U.S. AND FLORIDA PERCENT OF PERSONS AGE 60 AND OLDER BY RACE AND HISPANIC ETHNICITY, 2018



Source: Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2018, U.S. Census Bureau, Population Division <https://www.census.gov/data/tables/time-series/demo/popest/2010s-national-detail.html>

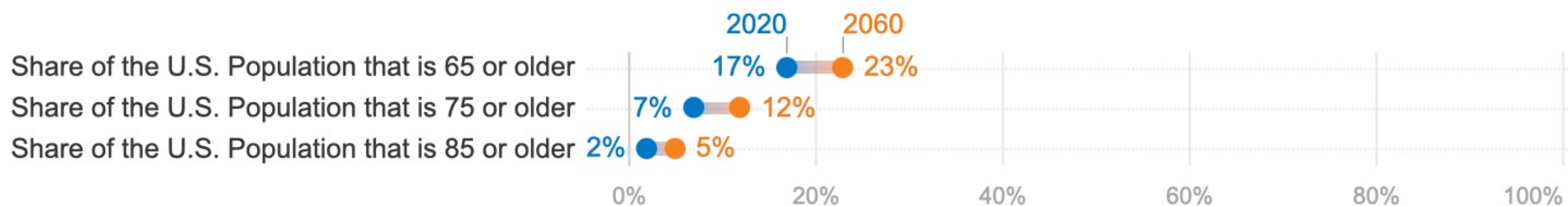
2 U.S. Census Bureau, Population Estimates Program (PEP), updated annually. census.gov/quickfacts/FL; retrieved April 28, 2020. American Community Survey Product, 2018: ACS 1-Year Estimates Subject Tables "Population 60 Years and Over in Florida;" TableID: S0102

3 Department of Elder Affairs calculations based on Florida Population Data and 2012-2016 American Community Survey Data provided by AGID agid.acl.gov/customtables/acs/year

Figure 10

An Aging Population Will Use More Long-Term Services and Supports.

Over half of people ages 65+ will use paid LTSS at some point, with 39% using care provided in a nursing home.

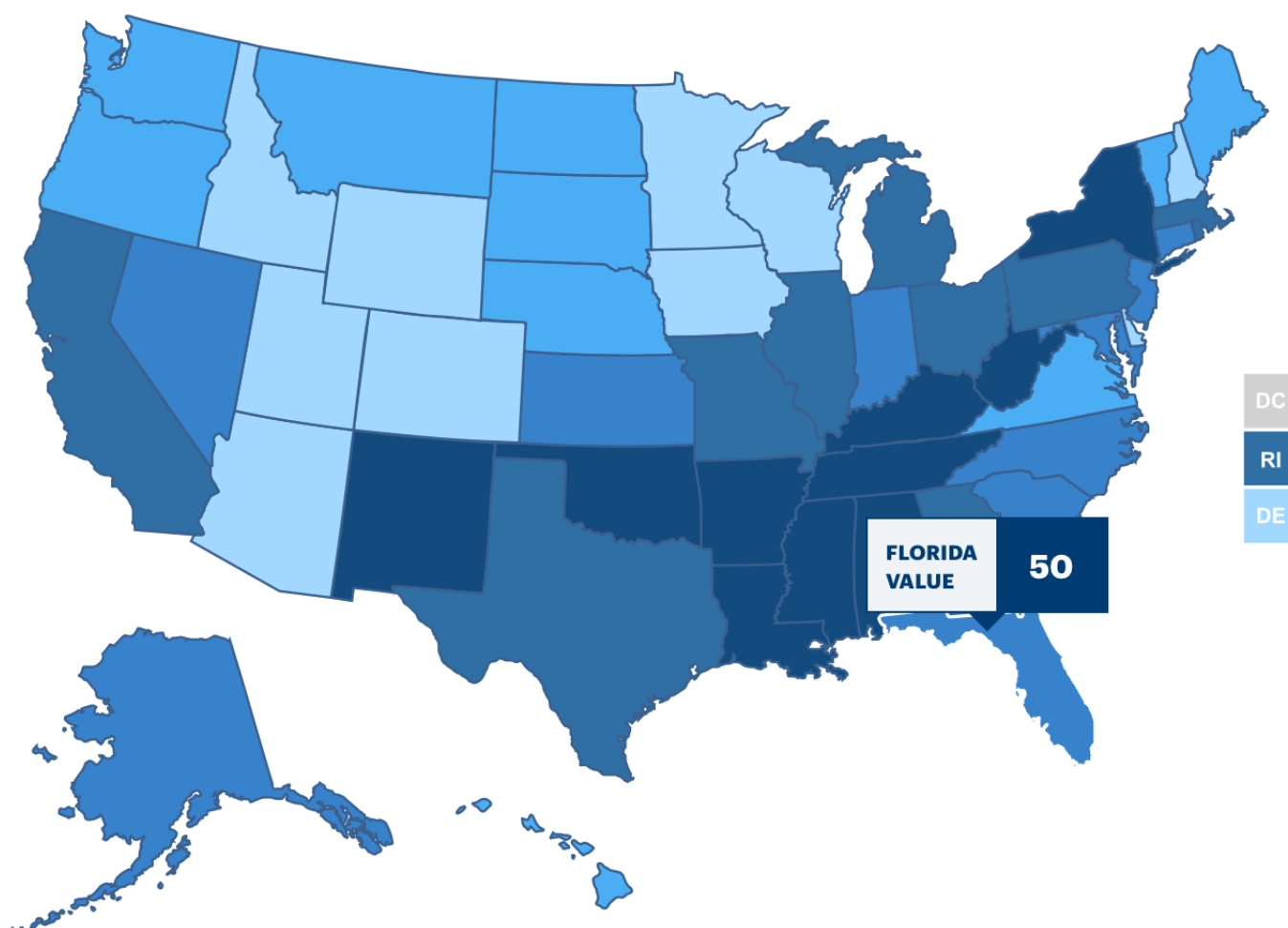


SOURCE: [KFF analysis of U.S. Census Bureau's Projected 5-Year Age Groups and Sex Composition: Main Projections Series for the United States, 2017-2060](#) • PNG



Risk of Social Isolation - Ages 65+

Index of social isolation risk factors: poverty; living alone; divorced, separated or widowed; never married; disability; and independent living difficulty among adults ages 65 and older. Normalized values are 1 to 100, with a higher value indicating greater risk



Data from U.S. Census Bureau, American Community Survey, 2017-2021



Top States

Rank Value

Utah	1	1
Delaware, New Hampshire	2	19
Idaho	4	25
Colorado	5	29
Minnesota	6	32

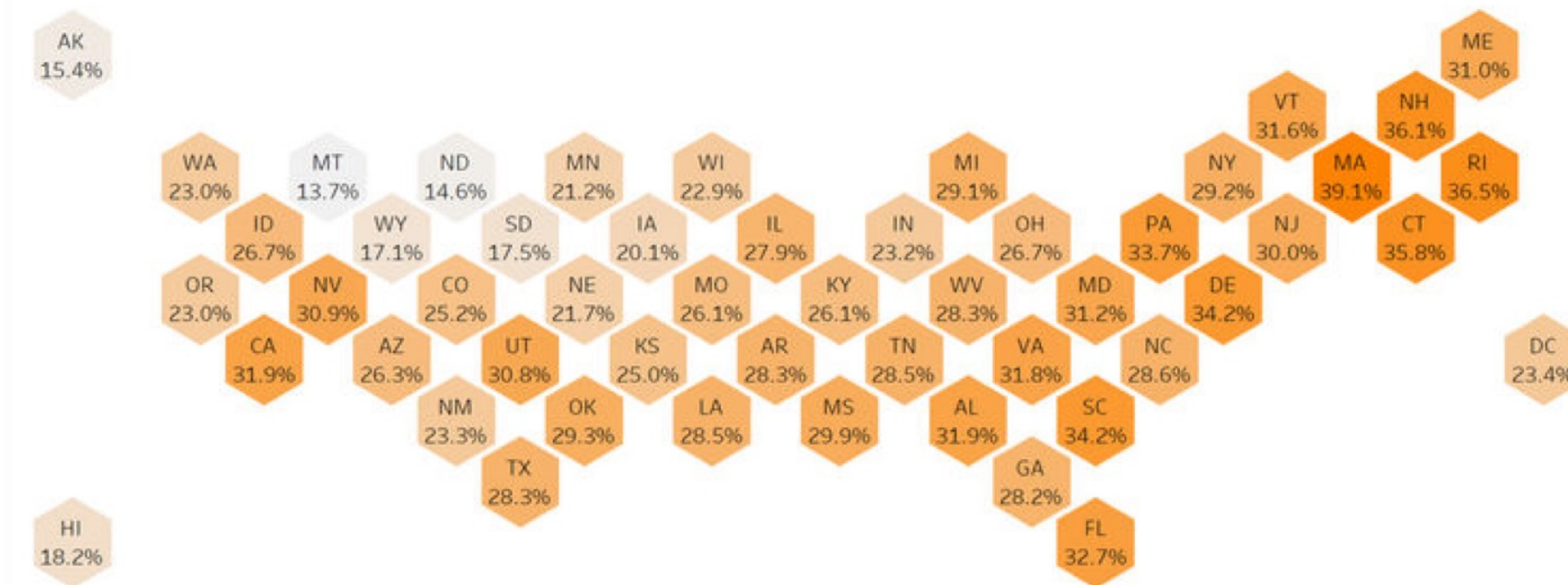
Bottom States

Rank Value

Kentucky	46	85
New York	47	86
New Mexico	48	91
Louisiana	49	99
Mississippi	50	100

[View All States >](#)

FFS Home Health Utilization by State



Home Health Utilization
13.7% 39.1%



KEY TAKEAWAYS

- National home health utilization and discharge instruction rates decreased year-over-year but remained above pre-pandemic levels.
- Utilization decreased from 29.5% in the 2021 Q3 reporting period to 29.1% in the 2022 Q3 reporting period – inpatient discharge instruction rates to home health decreased from 24.2% to 23.0% for the same reporting periods.

International PALTC

**Which OCED
Nation has the
highest% of
people living in
a Nursing
Home?**

A) USA

B) Iceland

C) UK

D) Denmark

E) Japan



U.S. and Global Approaches to Financing Long-Term Care: Understanding the Patchwork



Table 1.

Government regulations and public policies for medical services in NHs.

	Level and type	Level of detail	NHs covered
Norway	Federal authority allocates responsibility and oversight to local municipalities	Unspecified/framework act/interpretive	All NHs
Germany	Federal authority allocates responsibilities to district jurisdictions	Unspecified/interpretative	All NHs with public funding (provision contracts)
US	Federal regulations and state licensing regulations	Specified (for instance, type and frequency of visits and documentation)/prescriptive. Requirements have increased over time	All NHs who receive federal funds (96%). State regulations cover all other NHs
Manitoba	Provincial	Provincial standards ensure that each resident’s medical care is supervised by a physician, that residents are seen by a physician as often as their condition requires, and that both professional NH staff and residents have access to a physician for advice and input 24 h a day	All licensed NHs
British Columbia	Provincial	General standard that a resident needs to be attached to an MD to be admitted to an NH. Some variation in credentialing of MDs who work in private (contracted nonprofit and for-profit vs public facilities)	All licensed NHs

Abbreviations: MDs, Medical Directors; NHs, nursing homes.

Table 3. Percentage of people ≥ 65 years living at home and in institutions (prevalence data; different years in the early 1990s)

Place of residence	Country								
	USA	Japan	Iceland ^a	Sweden	Denmark	Netherlands	UK	France	Italy
Own home, independently or with informal and/or formal care (including domestic help and home nursing)	-	94.0	87.0	94.0	85.0	90.0	93.0	94.0	<u>96.0</u>
Residential homes, homes for the aged, old people's homes (low levels of care)	1.5 ^b	0.5	5.0	3.0	<u>10.5^c</u>	6.5	3.5 ^d	4.0	1.0
Nursing homes (high levels of care)	5.0	1.5	<u>8.0</u>	2.0	4.0	2.5	2.0	- ^e	<2.0
Hospitals (intensive medical care)	-	4.0	-	<1.0	<1.0	<1.0	1.5	-	1.0

Source: Postal questionnaires to RAI-study participants; NIVEL report; fact sheets on Sweden [6, 7].

^aIncluding only elderly of ≥ 67 years.

^bIncluding only residential care homes and not group facilities such as board and care homes.

^cIncluding some sheltered housing and other special dwellings for elderly.

^dIncluding some young disabled.

^eNo facilities described as nursing homes; 2% of elderly reside in nursing-home-like facilities.



Moai—This Tradition is Why Okinawan People Live Longer, Better

By [Aislinn Kotifani](#)

Mo•ai (/mo,eye/) *Japan*

noun

1. A group of lifelong friends
2. A social support group that forms in order to provide varying support from social, financial, health, or spiritual interests

Utilization

Site of Service

About how many Nursing Home residents are there in the USA?

A) <1.0 Million

B) 1.3 Million

C) 1.7 Million

D) 2.1 Million

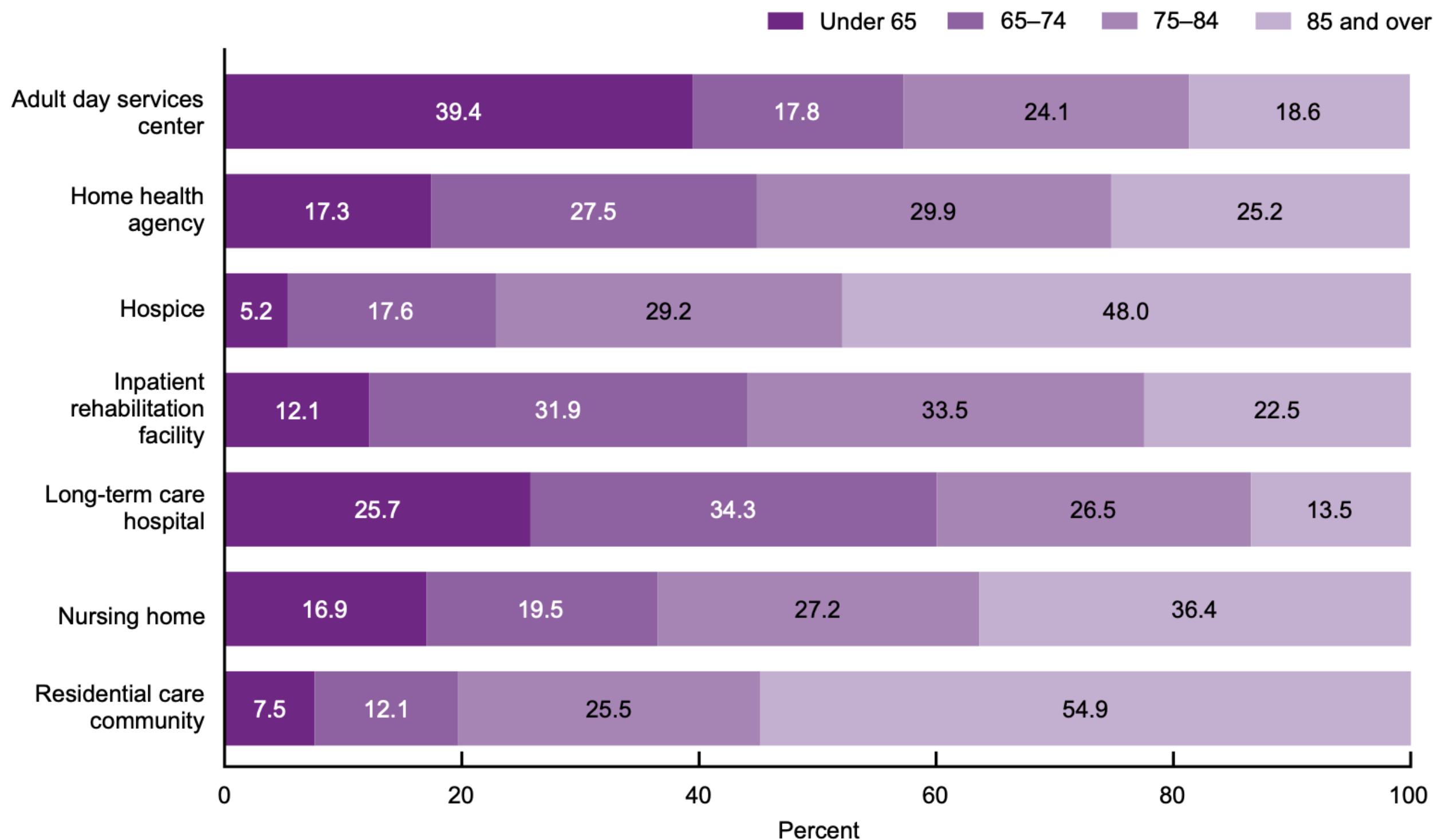


Table XII. Post-acute and long-term care users, by selected characteristics and sector: United States, 2017–2018

Characteristic ¹	Adult day services center	SE	Home health agency	SE	Hospice	SE	Inpatient rehabilitation facility	SE	Long-term care hospital	SE	Nursing home	SE	Residential care community	SE
							Number							
Users ²	251,100	7,080	4,940,270	---	1,562,524	47,679	380,430	10,956	115,822	4,448	1,321,200	6,640	918,700	33,620
Age	Percent distribution													
Under 65	39.4	2.1	17.3	0.0	5.2	0.1	12.1	0.2	25.7	0.5	16.9	0.0	7.5	1.2
65 and over	60.6	2.1	82.7	0.0	94.8	0.1	87.9	0.2	74.3	0.5	83.1	0.0	92.5	1.3
65–74	17.8	1.4	27.5	0.0	17.6	0.1	31.9	0.2	34.3	0.3	19.5	0.0	12.1	1.6
75–84	24.1	1.7	29.9	0.0	29.2	0.1	33.5	0.1	26.5	0.2	27.2	0.0	25.5	2.4
85 and over	18.6	1.5	25.2	0.0	48.0	0.2	22.5	0.3	13.5	0.5	36.4	0.0	54.9	2.6
Sex														
Men	43.5	1.9	39.4	0.1	41.6	0.1	45.8	0.2	51.8	0.3	36.7	0.0	32.6	2.1
Women	56.5	1.9	60.6	0.1	58.4	0.1	54.2	0.2	48.2	0.3	63.3	0.0	67.4	2.1
Race and ethnicity														
Hispanic	22.2	1.9	7.0	0.2	6.5	0.4	5.8	0.4	9.7	0.9	5.7	0.0	1.9	0.6
Non-Hispanic White	44.8	2.1	76.8	0.3	82.3	0.5	79.9	0.6	66.3	1.1	73.9	0.0	89.4	1.8
Non-Hispanic Black	16.8	1.4	12.1	0.2	8.3	0.2	10.8	0.4	19.8	0.9	14.9	0.0	5.9	1.4
Other ³	16.3	1.9	4.1	0.1	3.0	0.2	3.5	0.2	4.1	0.3	5.5	0.0	2.8	0.9
Medicaid payer source	72.3	1.9	9.1	0.0	---	---	---	---	---	---	62.0	0.2	18.1	2.3
Diagnosis ⁴	Percent													
Alzheimer disease or other dementias	27.8	1.8	35.5	0.2	46.3	0.3	35.6	0.4	45.5	0.7	49.1	0.0	33.7	2.8
Arthritis	18.5	1.6	61.7	0.2	29.6	0.2	62.8	0.3	52.6	0.6	27.6	0.0	20.5	2.1
Asthma	5.6	0.9	11.8	0.1	3.7	0.0	12.0	0.1	13.9	0.2	---	---	2.0	0.5
Chronic kidney disease	5.7	0.9	54.7	0.1	39.2	0.2	61.2	0.3	81.4	0.5	---	---	6.5	1.1
Chronic obstructive pulmonary disease	6.8	0.9	32.0	0.2	20.1	0.2	33.1	0.3	55.4	0.8	---	---	10.6	1.9
Depression	21.8	1.7	40.5	0.1	23.7	0.2	49.2	0.4	51.8	0.5	48.8	0.0	27.5	2.5
Diabetes	29.7	1.7	45.2	0.2	26.6	0.2	48.2	0.3	64.2	0.6	34.8	0.0	20.4	2.3
Heart disease ⁵	13.3	1.4	54.4	0.2	37.9	0.3	59.8	0.4	68.3	0.6	20.1	0.0	17.3	1.9
High blood pressure or hypertension	51.1	2.0	89.2	0.1	50.3	0.3	93.6	0.1	93.5	0.3	76.9	0.0	55.2	2.7
Osteoporosis	12.7	1.6	15.0	0.1	6.4	0.1	17.4	0.2	10.5	0.2	11.4	0.0	12.0	1.5
Need assistance in physical functioning														
Bathing	74.8	1.9	98.3	0.0	---	---	99.7	0.0	---	---	96.5	0.1	77.3	2.2
Dressing	64.2	2.0	95.6	0.0	---	---	99.9	0.0	---	---	92.7	0.1	61.7	2.5
Toileting	52.7	2.1	90.2	0.0	---	---	99.4	0.0	---	---	89.8	0.1	48.7	2.9
Walking or locomotion	57.7	2.0	97.2	0.0	---	---	99.8	0.0	---	---	92.4	0.1	69.0	2.6
Transferring in and out of a chair or bed	53.6	2.1	95.4	0.0	---	---	99.9	0.0	---	---	87.3	0.1	51.0	2.8
Eating	41.4	2.0	66.8	0.0	---	---	83.9	0.1	---	---	60.2	0.3	26.3	2.5

See footnotes at end of table.

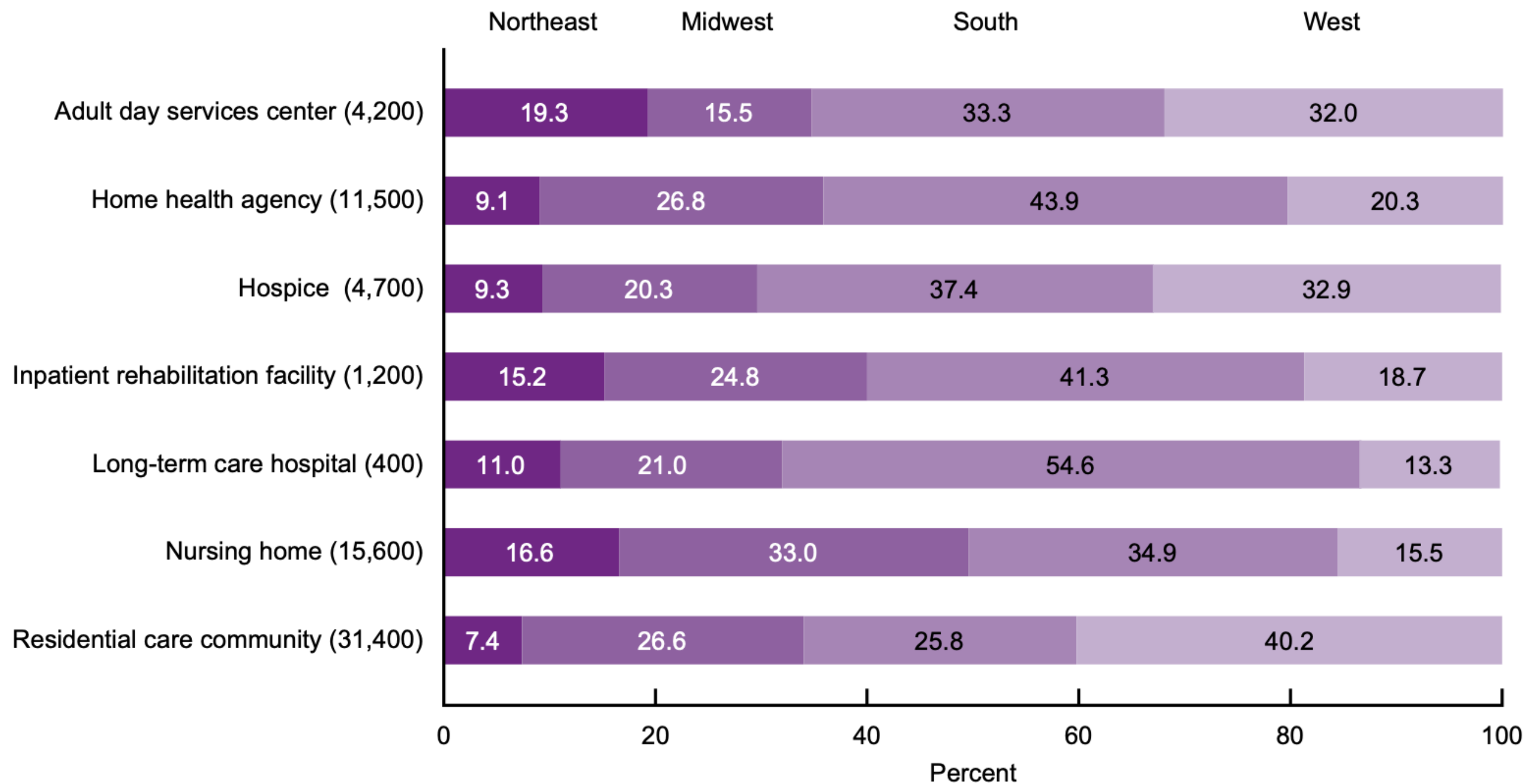
Figure 20. Percent distribution of post-acute and long-term care services users, by sector and age group: United States, 2017 and 2018



NOTES: Percentages for adult day services centers, nursing homes, and residential care communities were based on the number of users on a given day in 2018. Percentages for home health agencies, hospices, inpatient rehabilitation facilities, and long-term care hospitals were based on the number of patients who received care at any time in 2017. See Appendix I in this report for more information on data sources used for each sector. Percentages are based on unrounded estimates. Percent distributions may not add to 100 because of rounding. Access data for this figure in Table XII of Appendix III.

SOURCES: National Center for Health Statistics, National Study of Long-Term Care Providers, 2018, and Centers for Medicare and Medicaid Services data files, 2017-2018.

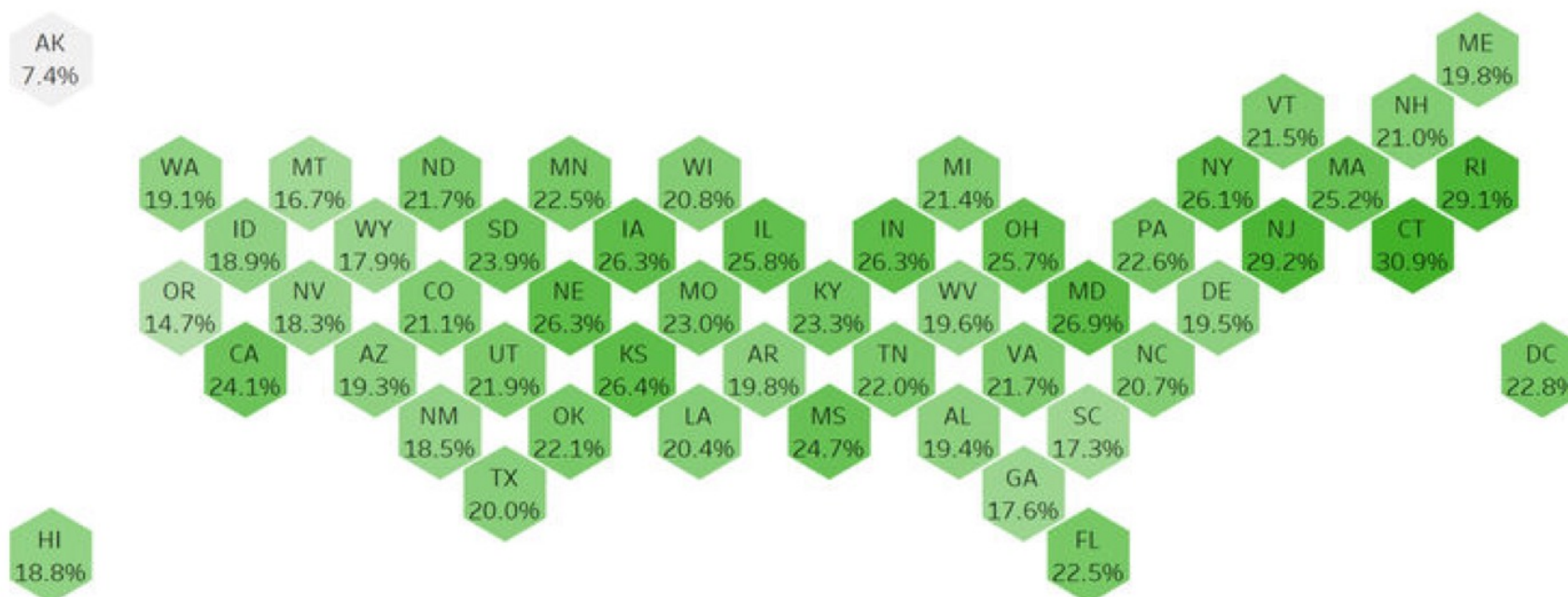
Figure 1. Percent distribution of post-acute and long-term care services providers, by sector and region: United States, 2018



NOTES: Percentages are based on unrounded estimates. Percent distributions may not add to 100 because of rounding. Access data for this figure in Table IX of Appendix III in this report.

SOURCES: National Center for Health Statistics, National Study of Long-Term Care Providers, 2018, and Centers for Medicare and Medicaid Services data files, 2018.

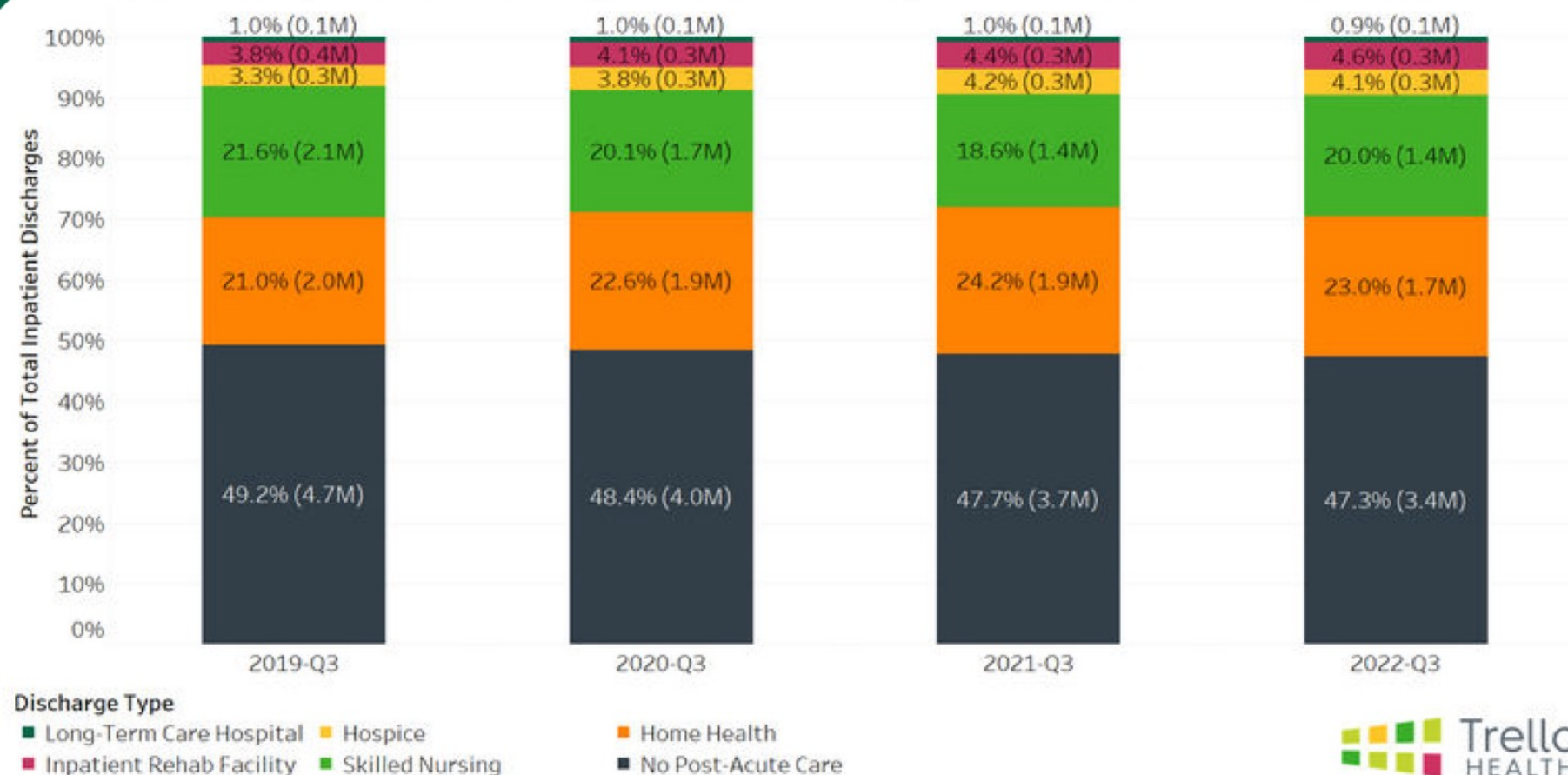
FFS Skilled Nursing Utilization by State



KEY TAKEAWAYS

- National SNF utilization increased year-over-year from 21.5% for the rolling four quarters ending in 2021 Q3 to 22.7% for the rolling four quarters ending in 2022 Q3.
- Over the last four quarters, national SNF utilization remained 2.0 percentage points below the 2019 Q3 reporting period (24.7% compared to 22.7%).
- Geographic variation in skilled nursing utilization rates could indicate expansion opportunities.

Annual Inpatient Discharge Instructions by Post-Acute Care Destination



KEY TAKEAWAYS

- The percentage of inpatient discharges with a post-acute care disposition continues its minor upward trend, increasing from 52.3% to 52.7% between the 2021 Q3 and 2022 Q3 reporting periods.
- A 1.4 percentage point increase in the rate of skilled nursing discharge instructions and a 1.2 percentage point decrease in the rate of home health discharge instructions indicate a reversion to pre-pandemic post-acute care discharge instruction rates.

Home & Community Based Services

**What % of
FL's LTSS
budget is
spent on
HCBCS?**

A) 17%

B) 27%

C) 37%

D) 47%



8

DOMAINS OF A LIVABLE COMMUNITY

AARP Real Possibilities
Florida

Department of
ELDER AFFAIRS
STATE OF FLORIDA

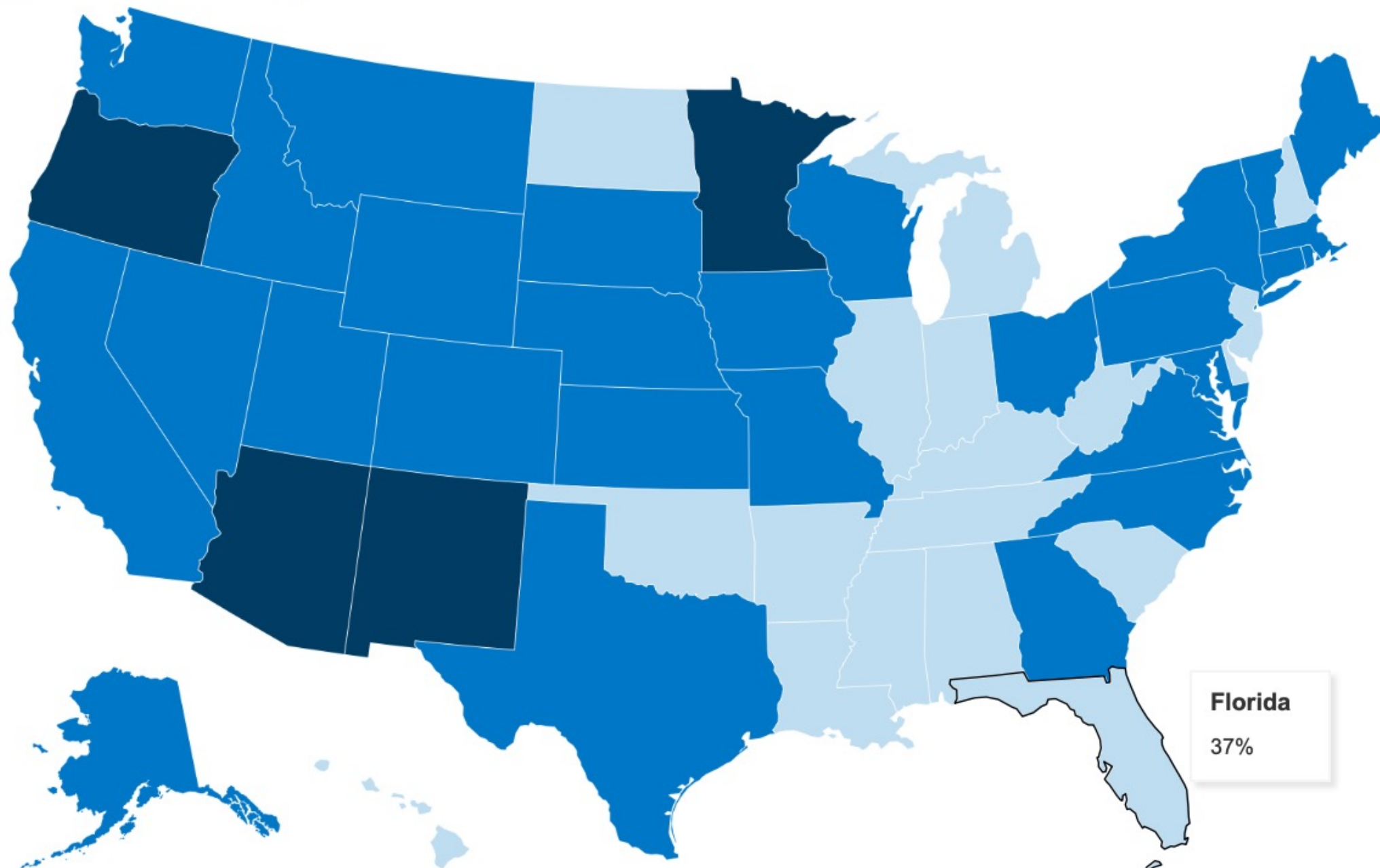


Figure 4

More than Half of LTSS Spending Pays for Home and Community-Based Services, But There Is Tremendous Variation Across States.

Medicaid HCBS As a Share of Total Medicaid LTSS, FY 2019, By State Medicaid LTSS Spending By Type
Overtime

<50% 50-75% >75%



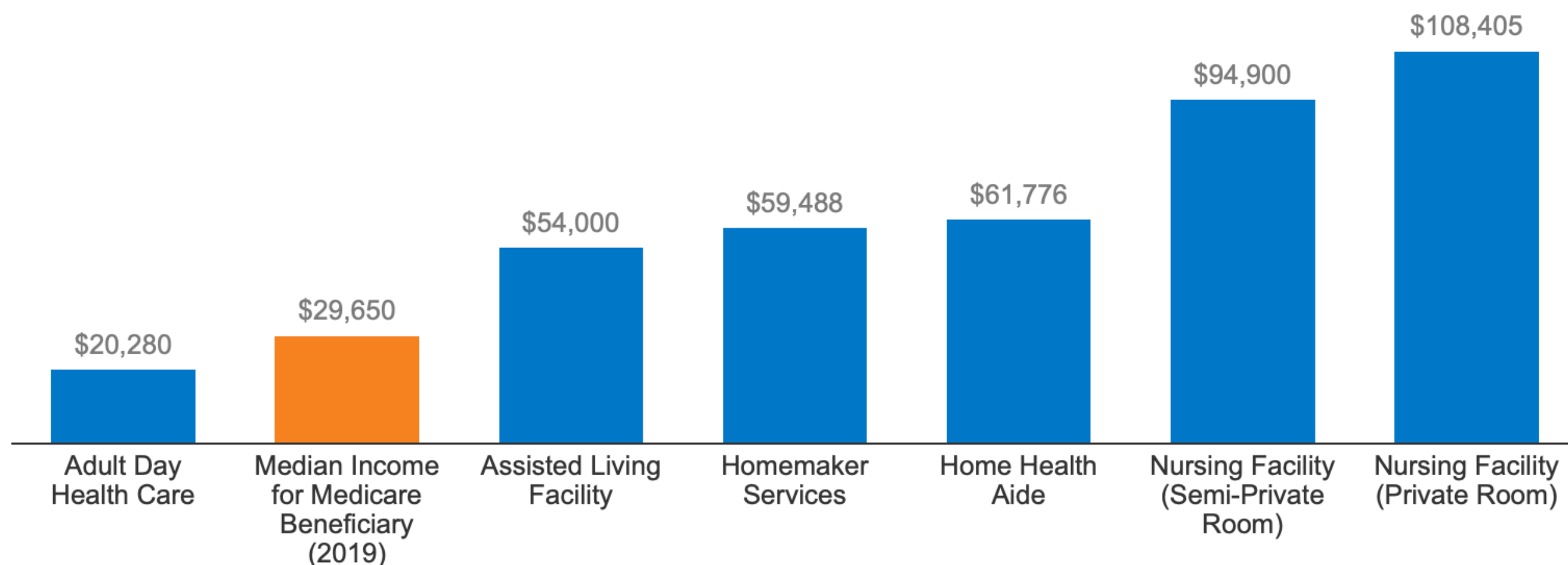
NOTE: Map shows HCBS expenditures as a share of total Medicaid LTSS spending in FY 2019. Data for CA are from 2014; Virginia and Illinois's data are from 2016; Delaware's data are from 2018.

SOURCE: Caitlin Murray et al., "Medicaid Long Term Services and Supports Annual Expenditures Report: Federal Fiscal Year 2019" (Mathematica, Dec. 9, 2021). • PNG

Figure 2

LTSS Are Extremely Expensive and Generally Not Covered By Medicare.

Nursing facility costs are higher than those of other services but many people living outside of nursing facilities use multiple services simultaneously. Medicare only covers home health and skilled nursing facility care on a time-limited basis.



NOTE: Dollar amounts are annual costs for each type of care in 2021.

SOURCE: KFF analysis of Genworth 2021 Cost of Care Survey; KFF, Medicare Beneficiaries' Financial Security Before the Coronavirus Pandemic, Urban Institute / KFF analysis of DYNASIM data, 2019. • [PNG](#)



STATEWIDE MEDICAID MANAGED CARE **LONG-TERM CARE PROGRAM**



Providing Long-Term Care (LTC) services to Florida's most vulnerable citizens is a multi-agency effort. The Agency for Health Care Administration (AHCA) administers the Statewide Medicaid Managed Care (SMMC) Long-Term Care program, sets coverage policy, and gets those eligible for services enrolled in a LTC plan. The Department of Children and Families (DCF) is responsible for determining financial eligibility for services. The Department of Elder Affairs (DOEA) is responsible for determining medical eligibility and level of care needed.



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

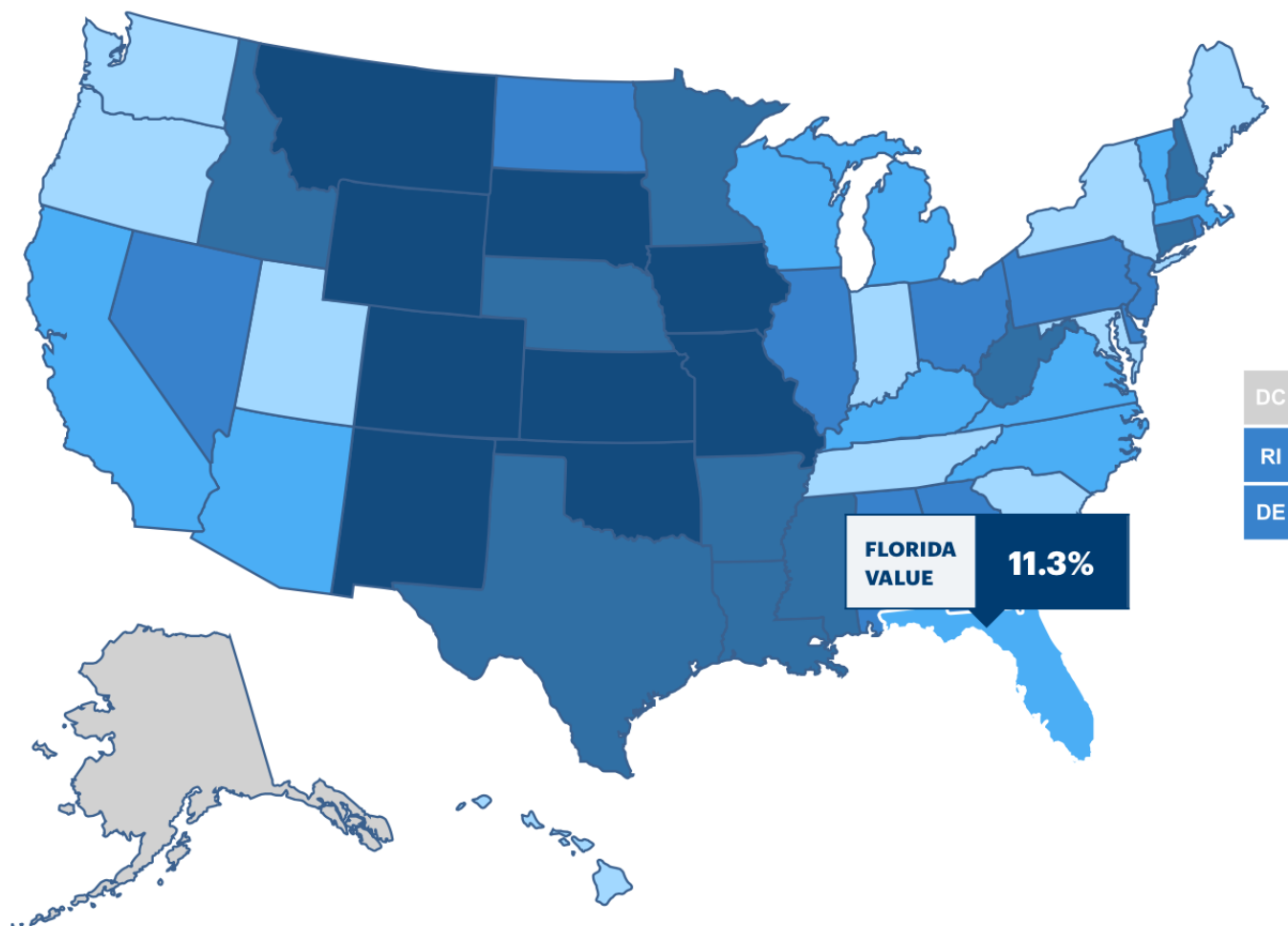


**FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES**
MYFLFAMILIES.COM

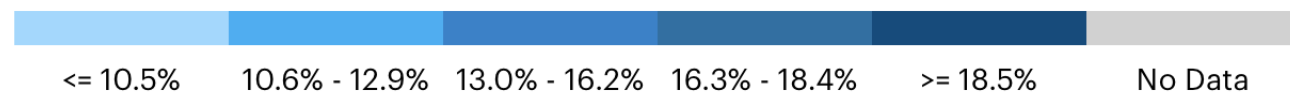


Low-Care Nursing Home Residents

Percentage of nursing home residents who did not require physical assistance for bed mobility, transferring, using the toilet or eating



Data from Brown University, Shaping Long-Term Care in America Project, 2020



Top States

	Rank	Value
Hawaii	1	3.7%
Maine	2	4.4%
South Carolina	3	7.9%
Tennessee	4	8.6%
Maryland	5	8.8%

Bottom States

	Rank	Value
Montana	45	24.8%
Colorado	46	25.0%
Kansas	47	26.0%
Oklahoma	48	28.3%
Missouri	49	31.3%

[View All States >](#)

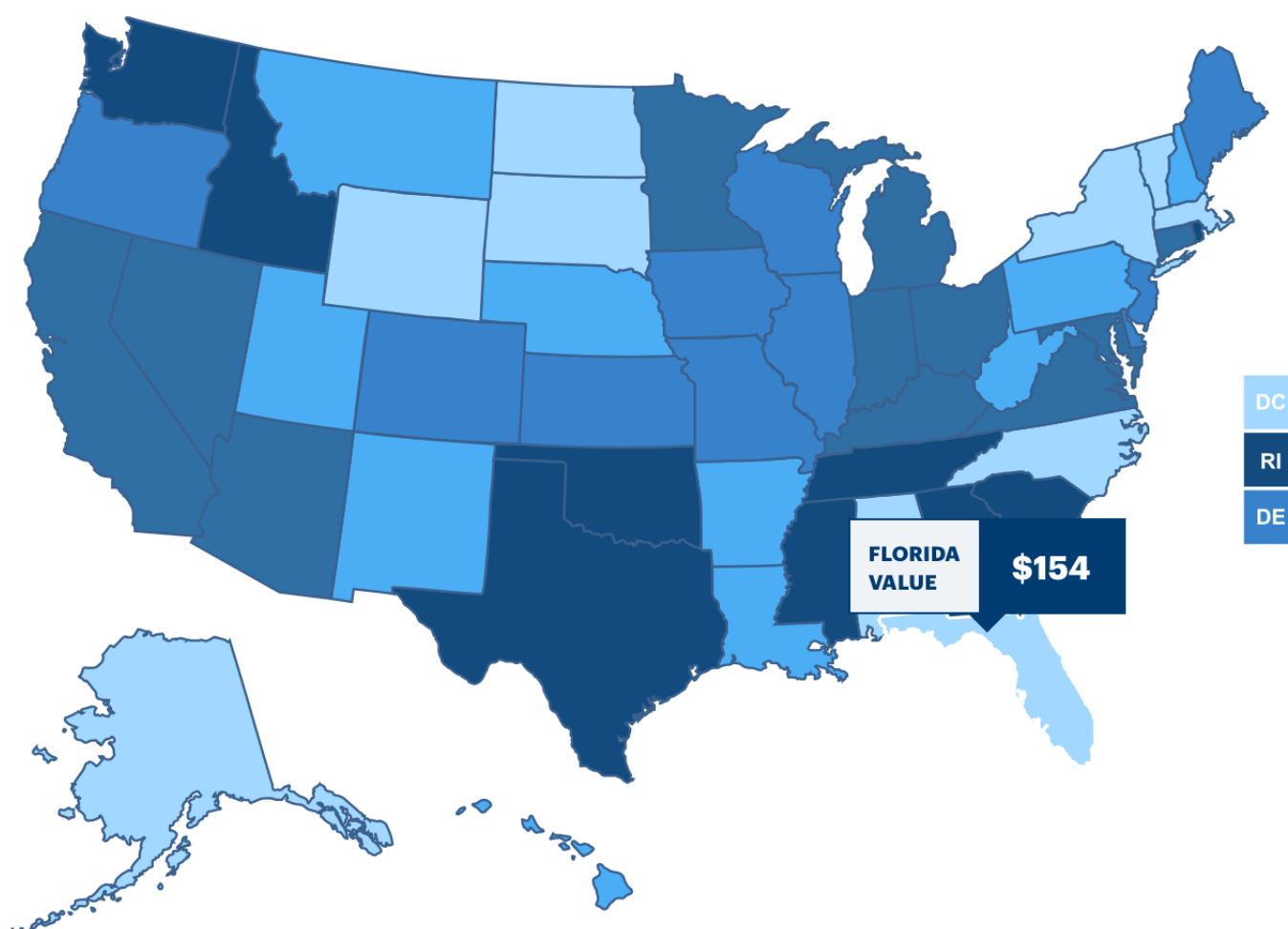
Community Support Expenditures by State



Dollars captured by the Administration on Aging per adult ages 60 and older

Community Support Expenditures

Dollars captured by the Administration on Aging per adult ages 60 and older



Top States

Rank Value

Massachusetts	1	\$272
Alaska	2	\$164
Florida	3	\$154
Wyoming	4	\$139
North Carolina	5	\$138

Bottom States

Rank Value

Texas	46	\$25
Washington	47	\$24
Idaho	48	\$19
Georgia	49	\$18
South Carolina	50	\$17

[View All States >](#)

PALTC Workforce

**The site of LTC
that experienced
the greatest
impact on
workforce
following the
pandemic is?**

A) Nursing Homes

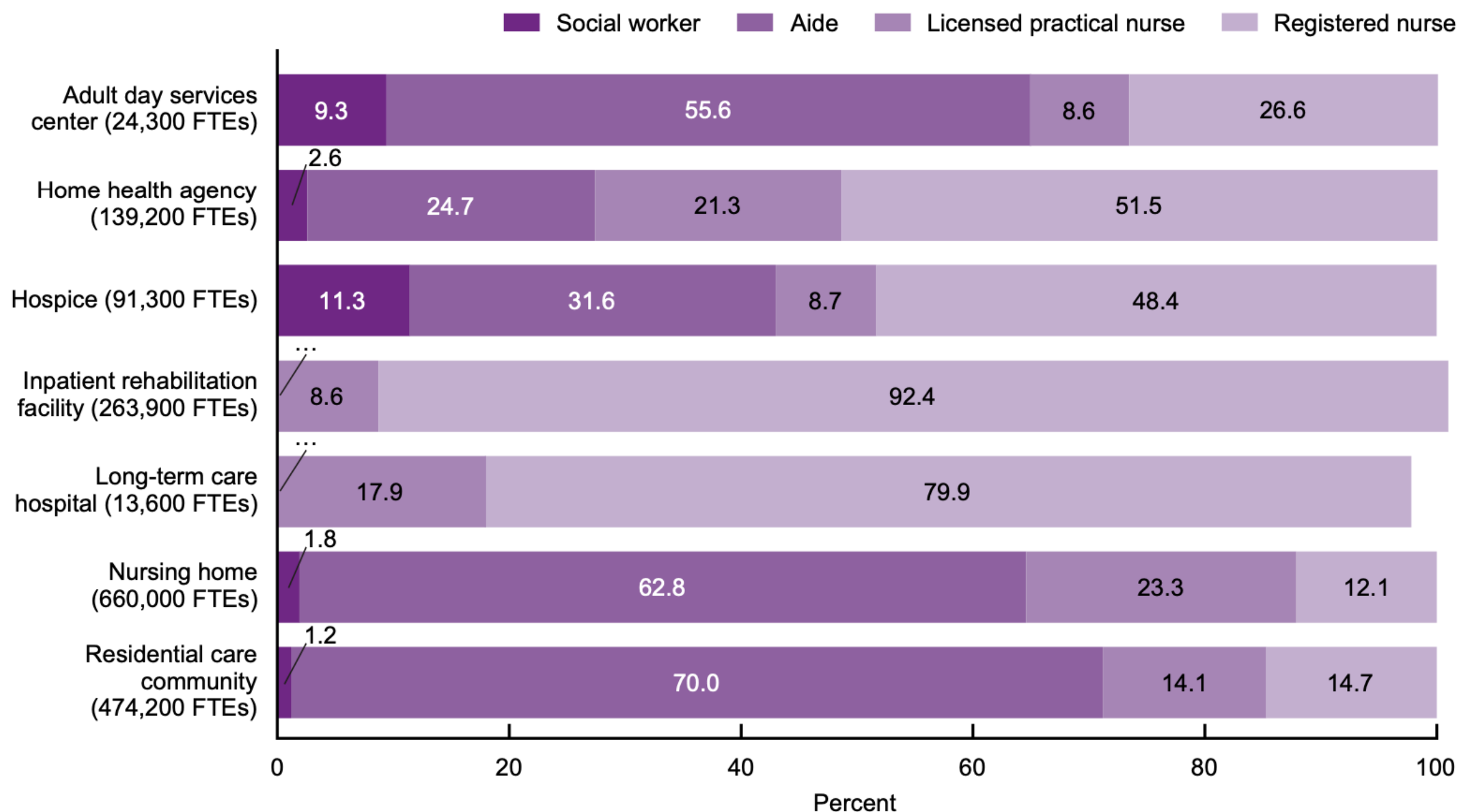
B) Home Health

C) Outpatient Offices

D) Hospitals



Figure 9. Total number and percent distribution of nursing and social work full-time equivalent employees, by sector and staff type: United States, 2018



... Category not applicable.

NOTES: FTE is full-time equivalent. Only employees are included for all staff types; contract staff are not included. For adult day services centers and residential care communities, aide refers to certified nursing assistants, home care aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides. For home health agencies and hospices, aide refers to home health aides. For nursing homes, aide refers to certified nurse aides, medication aides, and medication technicians. Social workers include licensed social workers or persons with a bachelor's or master's degree in social work in adult day services centers and residential care communities; medical social workers in home health agencies and hospices; and qualified social workers in nursing homes. See Appendix I in this report for information on how outliers were identified and coded. Percentages are based on unrounded estimates. Percent distributions may not add to 100 because of rounding. Access data for this figure in Table X of Appendix III.

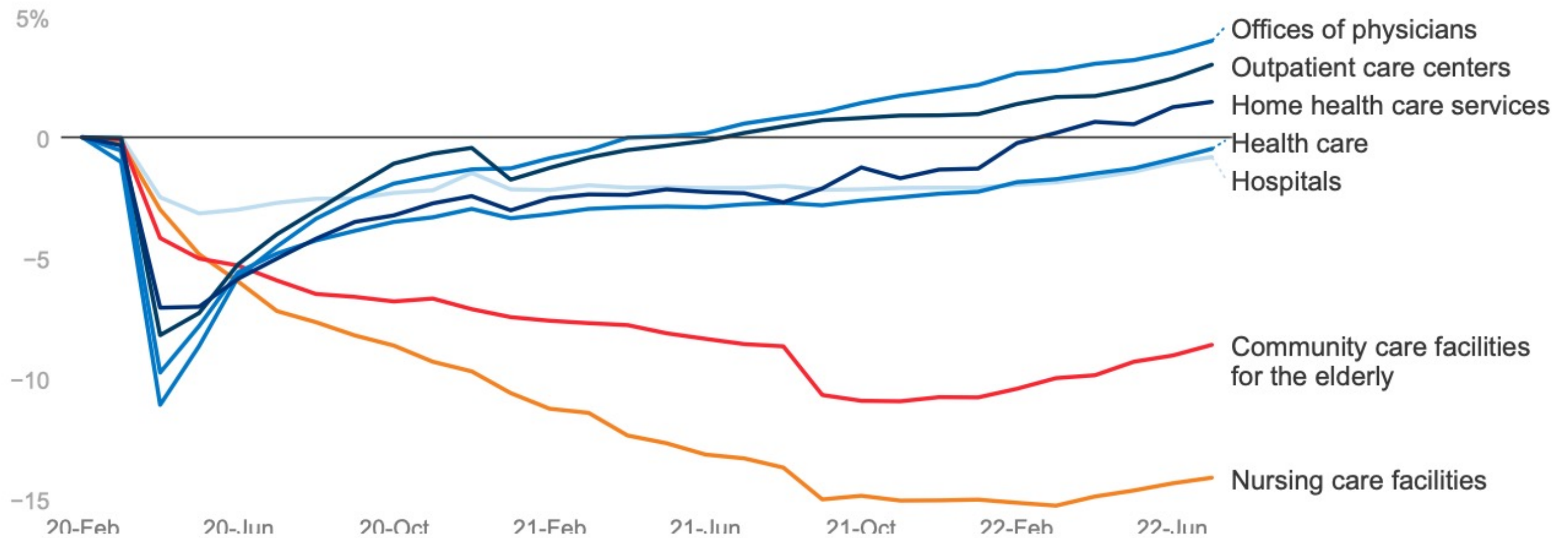
SOURCES: National Center for Health Statistics, National Study of Long-Term Care Providers, 2018, and Centers for Medicare and Medicaid Services data files, 2018.

Figure 9

The Pandemic Exacerbated LTSS Existing Workforce Shortages.

Pandemic employment losses in health care were greatest for nursing care and community care facilities.

Figure shows cumulative % change in health sector employment by setting.



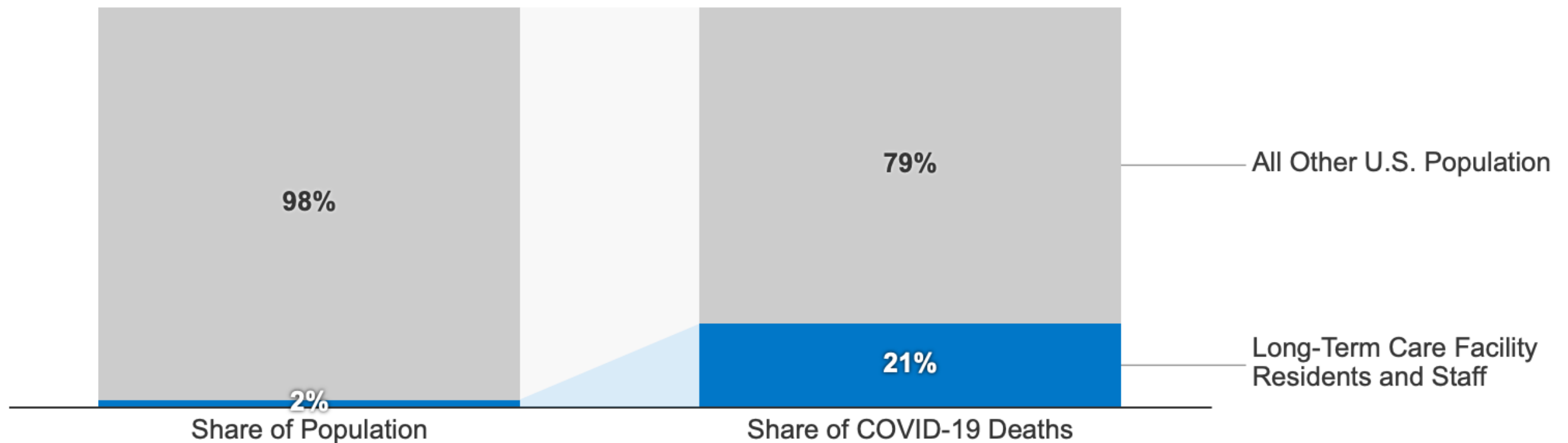
SOURCE: [Peterson-KFF Health System Tracker](#) • [Get the data](#) • [PNG](#)

Peterson-KFF
Health System Tracker

Figure 1

Over One-Fifth Of All U.S. COVID-19 Deaths Were Among Long-Term Care Facility Residents and Staff.

At least 209,000 LTCF residents and staff have died as of 6/12/2022.

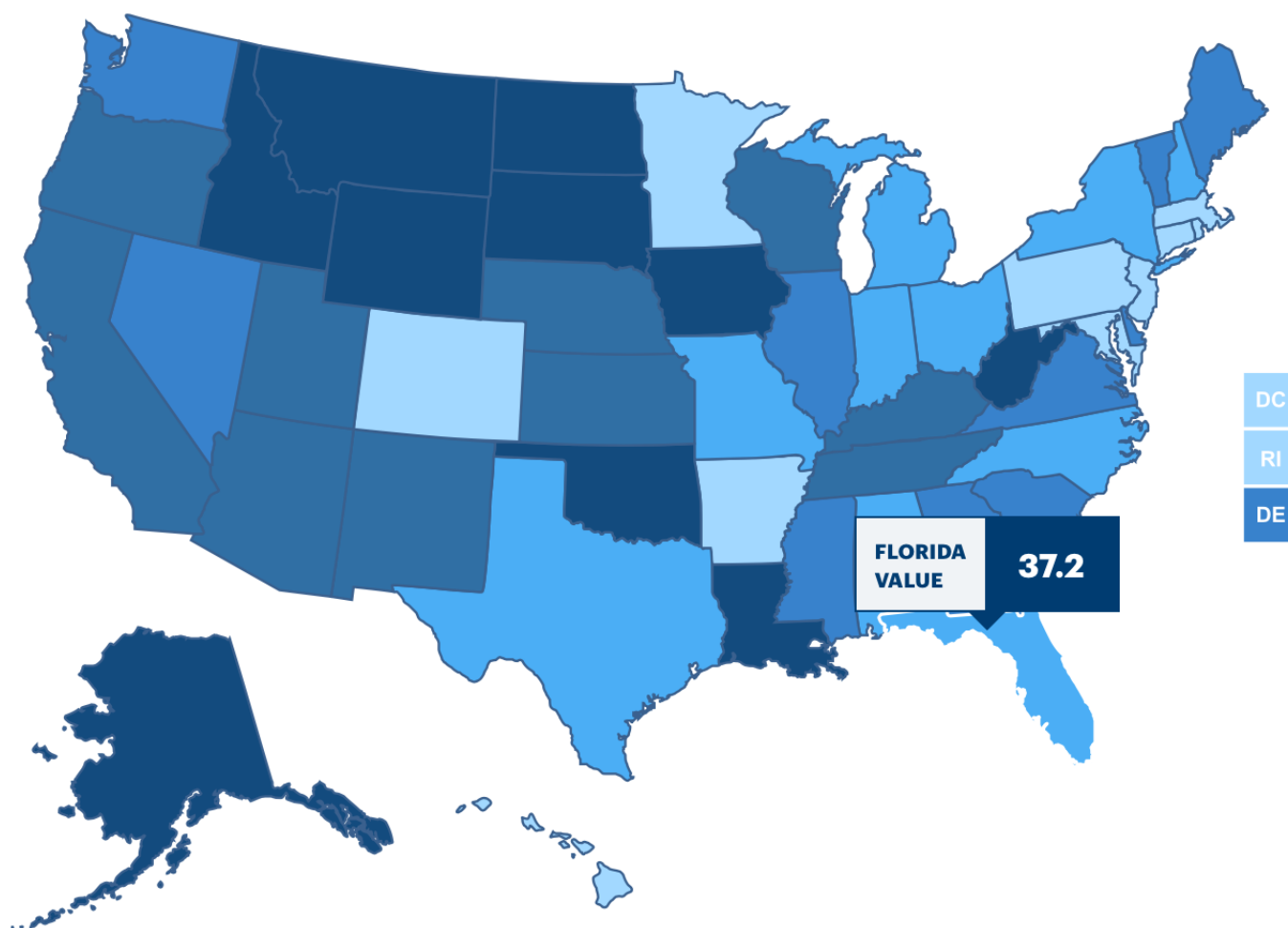


NOTE: Deaths in long-term care facilities (LTCFs) are undercounted because they count exclude deaths in non-nursing home settings after June 30, 2021 and reflect incomplete state reporting prior to that date. Some of the "All Other COVID-19 Deaths in the US" count likely reflect LTCF deaths that have not been categorized as such.

SOURCE: LTCF death counts are from KFF analysis of CMS COVID-19 Nursing Home Data, available state reports, press releases, and official state data through news reports. Total COVID-19 death count is from CDC. All data sources are as of June 12th, 2022. • [PNG](#)

Geriatric Providers

Number of family medicine and internal medicine geriatricians and nurse practitioners per 100,000 adults ages 65 and older



Data from U.S. HHS, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, September 2022



Top States

Rank Value

Rhode Island	1	63.9
Massachusetts	2	63.6
Minnesota	3	62.6
Connecticut	4	57.6
Maryland, New Jersey	5	49.2

Bottom States

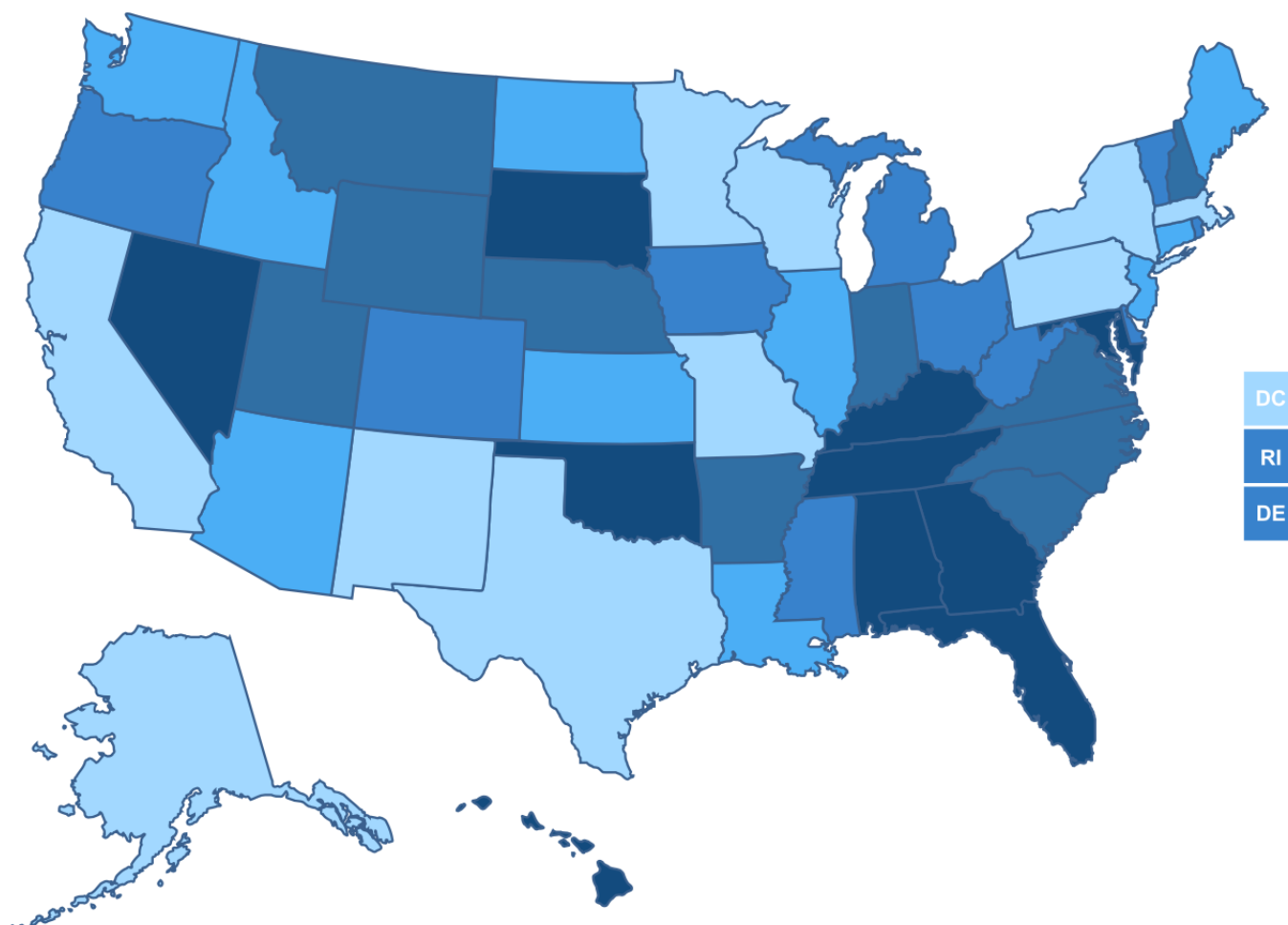
Rank Value

Montana	46	21.3
Louisiana	47	19.4
Wyoming	48	19.3
South Dakota	49	17.3
Idaho	50	16.8

[View All States >](#)

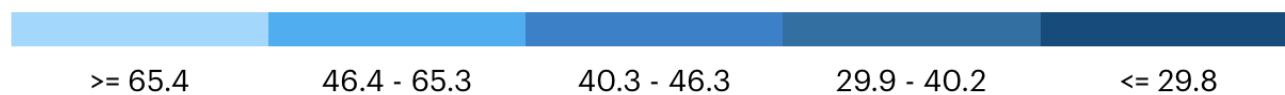
Home Health Care Workers

Number of personal care and home health aides per 1,000 adults ages 65 and older



DC
RI
DE

Data from U.S. Department of Labor, Bureau of Labor Statistics, 2021



Top States

	Rank	Value
New York	1	137.6
California	2	120.4
Minnesota	3	113.9
Massachusetts	4	88.8
New Mexico	5	85.9

Bottom States

	Rank	Value
Hawaii	46	23.4
Georgia	47	22.9
Alabama	48	22.2
South Dakota	49	20.8
Florida	50	14.6

[View All States >](#)

LTC Facilities: Staffing Ratios

The projected annual cost of recently proposed minimum staffing ratios is?

- A) \$3.8B**
- B) \$4.8B**
- C) \$5.8B**
- D) \$6.8B**





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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 438, 442, and 483

[CMS-3442-P]

RIN 0938-AV25

Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Proposed rule.

SUMMARY: This proposed rule would establish minimum staffing standards for long-term care facilities, as part of the Biden-Harris Administration's Nursing Home Reform initiative to ensure safe and quality care in long-term care facilities. In addition, this rule proposes to require States to report the percent of Medicaid payments for certain Medicaid-covered institutional services that are spent on compensation for direct care workers and support staff.



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FOR IMMEDIATE RELEASE

October 10, 2023

**Proposed Federal Nursing Home Mandates Undermine Progress in Florida,
Exacerbate Workforce Shortage According to New Study**

*Unfunded federal mandates will cost Florida an additional \$188 million,
despite existing state staffing requirements.*

Tallahassee, Fla. – A new [analysis](#) reveals the harmful and costly impacts the Biden administration's recently announced federal staffing mandates will have on Florida nursing centers and their residents. According to the study by professional services firm CLA (CliftonLarsenAllen, LLP), the federal Centers for Medicare and Medicaid Services (CMS) proposed staffing mandate will cost Florida nursing centers **an additional \$188 million**, despite Florida already having comprehensive staffing standards. In many categories, Florida standards already exceed what is required by the federal mandate.

Florida's staffing standards recognize the different needs of each resident and provide flexibility for centers to staff according to those unique needs. Along with required nursing hours, Florida's standards also recognize the important role of social workers, activity staff, and therapists in delivering quality care. The CMS proposed rule would require 2.45 nurse aide hours per resident per day (HPRD) and 0.55 registered nurse (RN) HPRD compared to Florida's current requirement of 2.0 certified nursing assistant (CNA) hours, an additional .6 hour of direct care provided by specialty staff (may include a CNA) and 1 hour of licensed nursing services that are provided by a combined use of RNs and Licensed Practical Nurses (LPN). Under the CMS proposal, Florida centers would need to hire an **additional 3,487 full time employees to meet the mandate.**

"Florida is a proud leader when it comes to [high-quality long-term care](#). We recognize the importance of minimum staffing requirements, which is why Florida nursing centers already abide by a stringent set of standards to ensure residents receive the highest quality of care," said Emmett Reed, CEO of the Florida Health Care Association (FHCA). "At a time when Florida's long-term care profession is facing workforce shortage challenges, these arbitrary and unfunded mandates will make it harder to recruit, train and retain long-term care workers."

The federal staffing mandate undermines the Florida staffing standards already in place, in particular the licensed nursing services that Florida residents receive. Moreover, the CMS proposal offers no place for Licensed Practical Nurses (LPNs) to be counted in the care for residents. LPNs, which is the next stage in the career ladder for certified nursing assistants, currently make up over 61% of the workforce that is helping to meet the licensed nursing requirement in Florida nursing centers.

"Out-of-touch federal mandates undercut the progress we are making in Florida and eliminate a career path for many of our frontline caregivers," said Deborah Franklin, FHCA Senior Director of Quality Improvement. "More of our nursing center residents are living with complex chronic conditions and need skilled nursing care. With an aging population that is seeking more specialized and person-centered services, what we need are common sense solutions to help attract, advance, and retain caregivers who can meet the needs of our residents, not more red tape."



Summary of Findings and Conclusions

The following table summarizes the potential impact of the proposed staffing mandate on the skilled nursing facility industry.

	Nurse Aide (2.45 HPRD)	RN 24/7 Coverage	RN (0.55 HPRD)	All/Total
<i>Facilities that met criteria</i>	4,079 (28%)	2,970 (20%)	7,642 (52%)	896 (6%)
<i>Facilities that did NOT meet criteria</i>	10,532 (72%)	11,729 (80%)	7,057 (48%)	13,803 (94%)
<i>Estimated Annual Cost (\$ in Millions)</i>	\$ 4,794	\$ 610	\$ 1,455	\$ 6,860
<i>Estimated FTEs to Meet Criteria</i>	80,077	6,897	15,180	102,154
<i>Potential Census Impacted</i>	186,920 (16%)	96,528 (8%)	147,167 (12%)	287,524 (24%)

The additional cost and FTEs for 24/7 RN coverage does allow some facilities to meet the RN HPRD requirement. The RN HPRD estimated annual cost and additional FTEs to meet the 0.55 HPRD is in excess of the RN 24/7 coverage.

The estimated \$6.8 billion annual cost exceeds the CMS estimated annual cost of \$4 billion dollars primarily due to the fiscal year cost reports utilized in the calculation. CLA utilized the most currently available reports, including some FYE 2022 reports, which represent higher compensation costs than FY 2021.



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POSITION ON STAFFING STANDARDS IN LONG TERM CARE

Date: 2022-08-10 12:00:00

This updates HOD Resolution of 2000 and AMDA Staffing Statement of 2002

Abbreviations: Centers for Medicare and Medicaid (CMS), Practitioners, Certified Nursing Assistant (CNA), Licensed Practical Nurse (LPN), Allied Health Professionals, Nurse Practitioner (NP), Physician's Assistant (PA), Physician

Summary

The primary focus of this statement is to:

Expand upon AMDA's 2000 position on minimum staffing standards in nursing homes (AMDA House of Delegates Resolution A00) and AMDA's 2002 position on direct care staffing in nursing homes (Statement H02)

Encourage a systems approach to establishing appropriate staffing standards

Encourage ongoing active engagement with both medical directors and adjunct provider teams in establishing appropriate staffing recommendations

Background

Despite intense interest over several decades from clinical professionals, resident advocates, and state and federal regulators, a systematic, evidence-based approach to determine the appropriate level of staffing to meet the needs of residents remains frustratingly elusive.

Skilled nursing facilities (SNFs) and long-term care (LTC) facilities (also referred to as nursing homes or nursing facilities) are no longer settings just for aging geriatric residents. Acuity has increased among

PALTC Financing

**The primary
payer of
PALTC in the
USA is?**

A) Medicare

B) Medicaid

C) Out-of-Pocket

D) Private Insurance



The U.S. Predicts Big Increases In Skilled Nursing And Long-Term Care Costs

Howard Gleckman Senior Contributor ›
I cover tax, budget and retirement policy from Washington

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Apr 4, 2023, 09:59am EDT



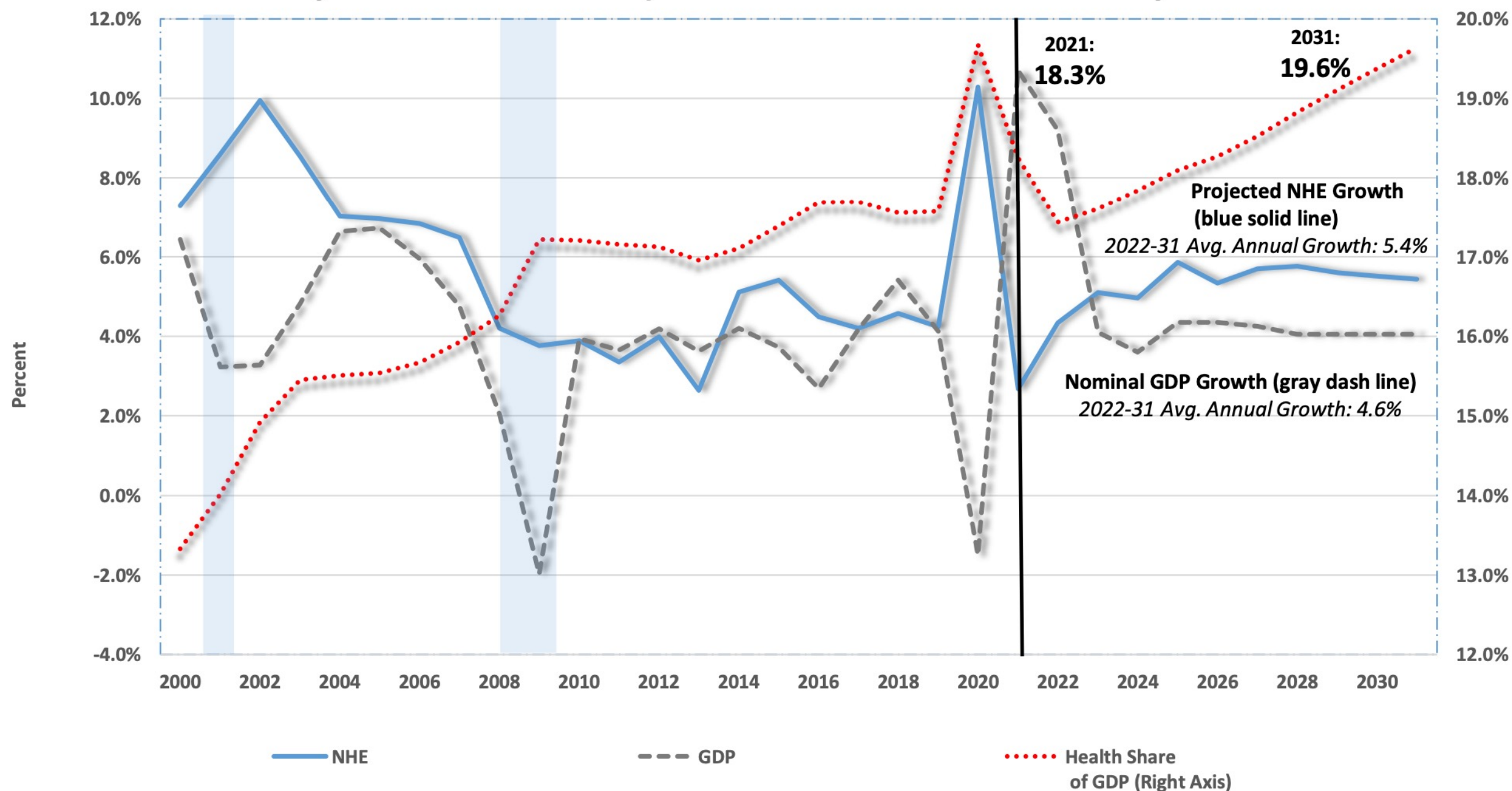
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Adriana Parada, is a certified nurse assistant providing care to Maria Antunez, 91. (Photo by Cliff ... [+] MEDIANEWS GROUP VIA GETTY IMAGES

[New government projections](#) estimate significant increases in both overall and out-of-pocket costs for home care, nursing facilities, and continuing care communities (CCRCs) through this decade. The projected steep rise in costs will lead to tough decisions for both consumers and government.

NHE, GDP Growth; Health Share of GDP, 2000-2031

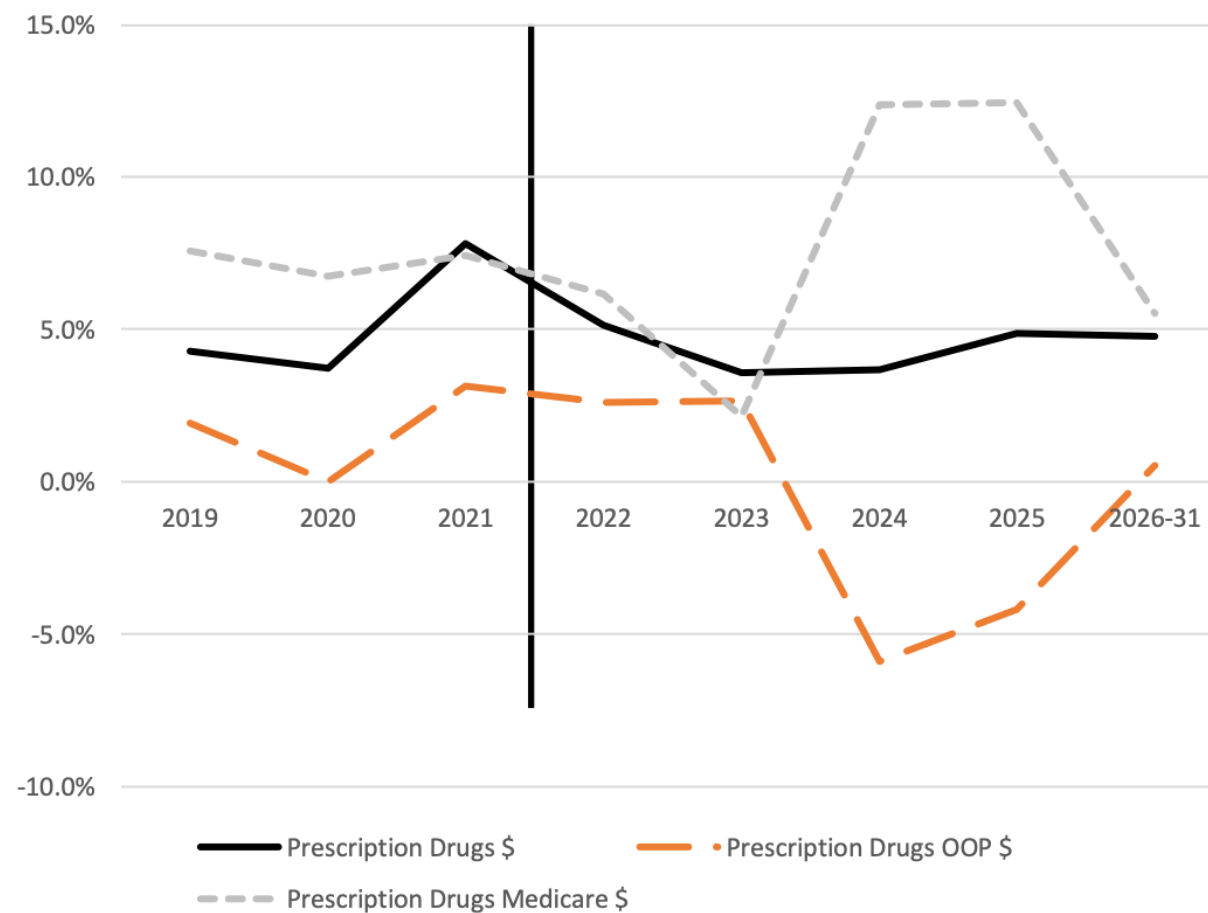


SOURCES: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group; Bureau of Economic Analysis, and National Bureau of Economic Research.

NOTES: Shaded areas represent recession periods.

** During 2020 there was a short economic recession in March and April.

Inflation Reduction Act Impacts: Average Annual Growth in Prescription Drug Spending: Total, OOP, and Medicare, By Time Period



Notable Trends Impacted by IRA:

- 2023+:
 - The IRA's inflation rebates take effect.
- 2024:
 - IRA eliminates Part D's 5-percent beneficiary coinsurance in the catastrophic portion of the benefit resulting in negative growth in OOP spending for drugs and higher Medicare drug spending growth.
- 2025:
 - Reflects the introduction of a \$2,000 cap on OOP spending on drugs by Part D enrollees leading to continued negative OOP growth.
- 2026-31:
 - Reflects Part D's lower negotiated prices for certain high-cost drugs, and their accompanying lower OOP payments, which acts to slow growth in Medicare prescription drug spending.

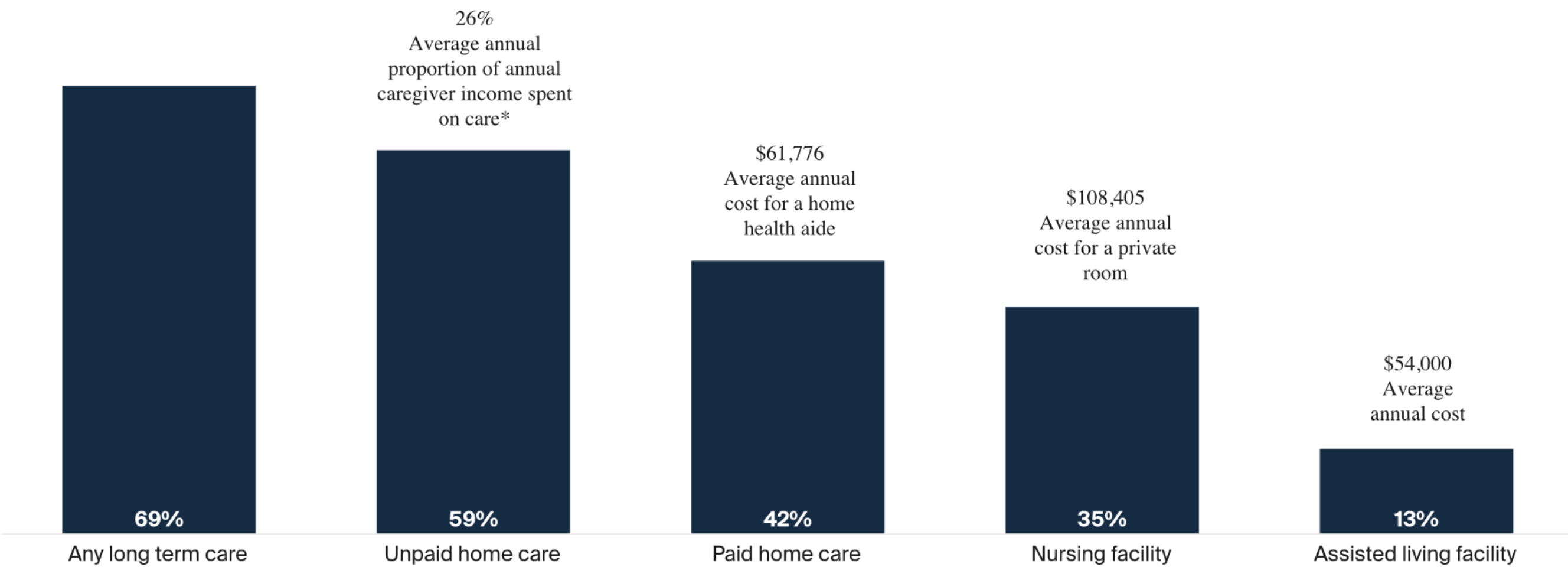
NOTE: Average annual growth rates are from previous year shown.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.

EXHIBIT 1

More than one-third of U.S. adults will use long-term care nursing facilities, which can cost more than \$100,000 a year.

Percentage of adults who ever use different forms of long-term care as they age, and the median cost of care in 2021



 Download data

* 26% does not account for the indirect costs of care, including lost wages and productivity, as well as the increased physical and mental burden on caregivers.

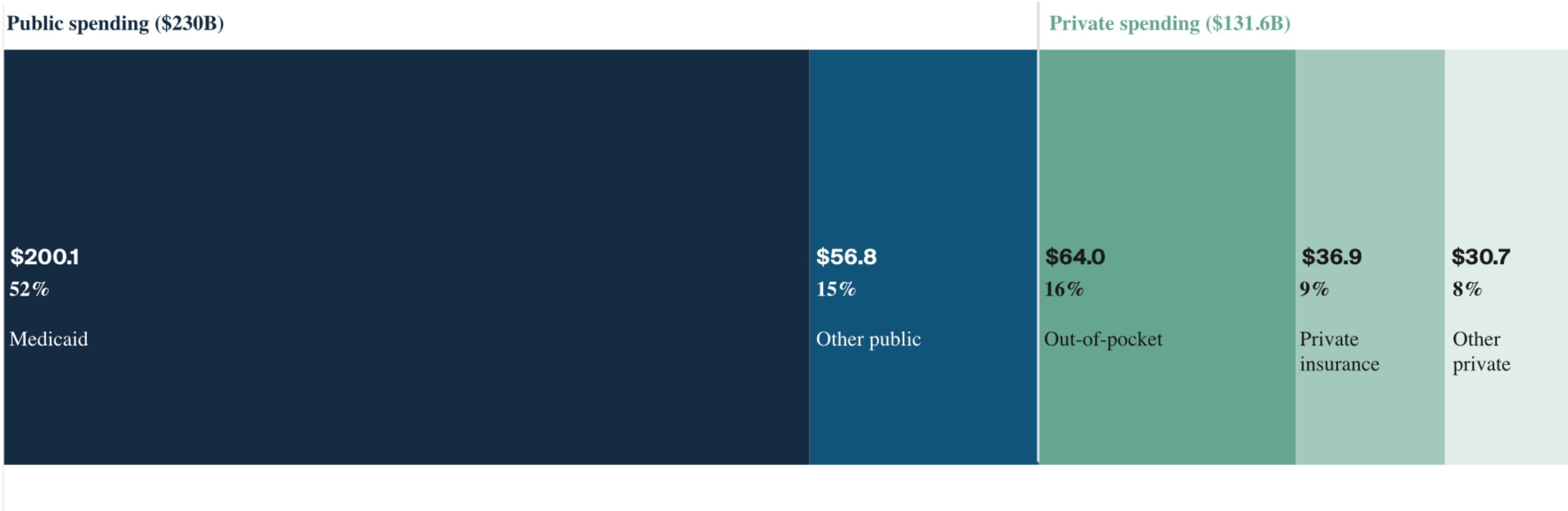
Data: Administration for Community Living, “How Much Care Will You Need?,” LongTermCare.gov, last updated Feb. 18, 2020; AARP, *Caregiving Out-of-Pocket Costs Study* (AARP, June 2021); and Genworth, “Costs of Care Trends and Insights,” Feb. 7, 2022.

Source: Celli Horstman, Evan D. Gumas, and Gretchen Jacobson, *U.S. and Global Approaches to Financing Long-Term Care: Understanding the Patchwork* (Commonwealth Fund, Feb. 2023). <https://doi.org/10.26099/2m36-vt53>

EXHIBIT 2

In 2020, most long-term care in the United States was publicly funded.

Amount spent (\$ billions)



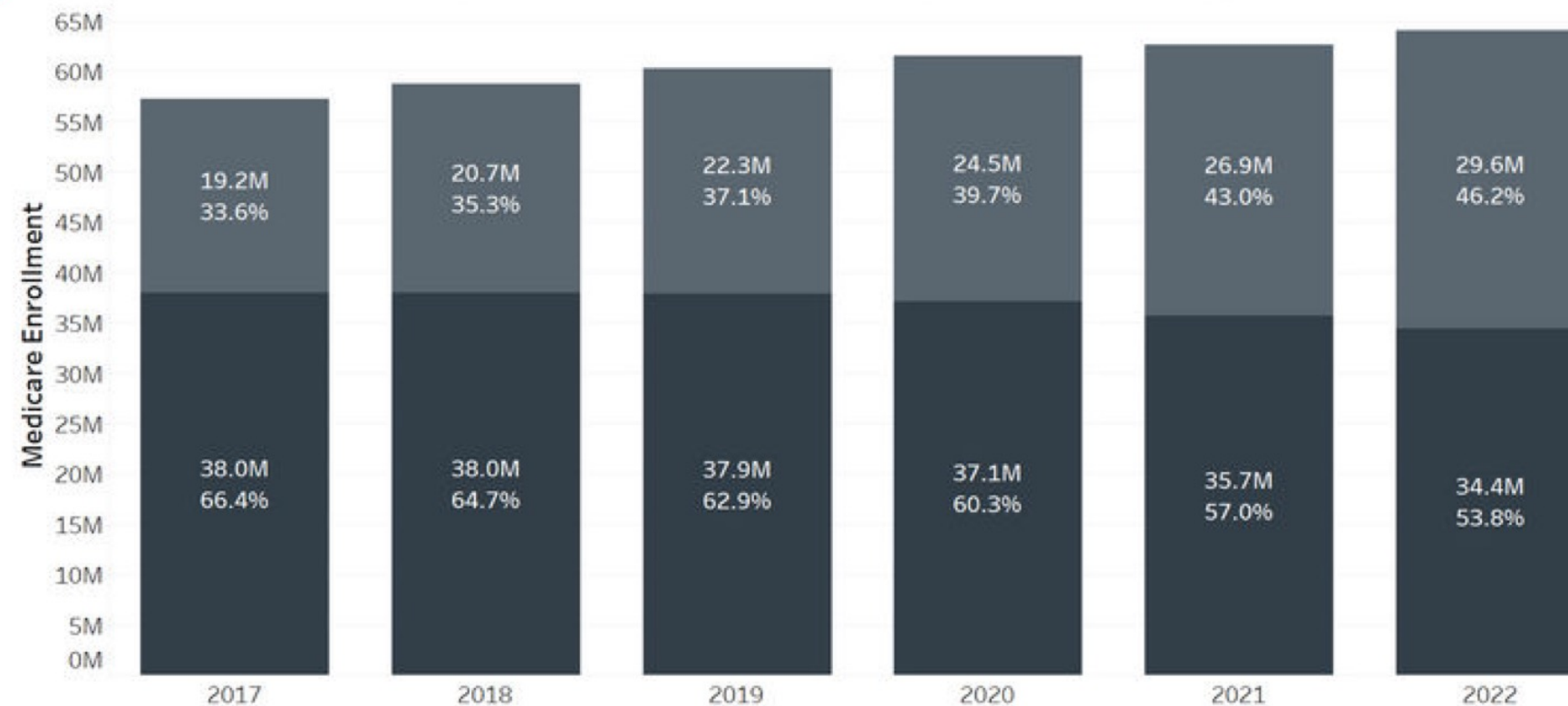
 Download data

Notes: “Other public” refers to funding sources other than Medicare or Medicaid, including sources like Federal COVID-19 Pandemic Assistance, the Veterans Health Administration (VHA), and Children’s Health Insurance Program (CHIP). “Other private” refers to sources like philanthropic fundraising organizations and support obtained from foundations and corporations. Percentages do not include Medicare, though Medicare spending for long-term services and supports was \$86.6B in 2020.

Data: Congressional Research Service, *Who Pays for Long-Term Services and Supports?*, In Focus 10343, vers. 9 (CRS, last updated June 15, 2022).

Source: Celli Horstman, Evan D. Gumas, and Gretchen Jacobson, *U.S. and Global Approaches to Financing Long-Term Care: Understanding the Patchwork* (Commonwealth Fund, Feb. 2023). <https://doi.org/10.26099/2m36-vt53>

Yearly Medicare Enrollment by Enrollment Type



Enrollment Type

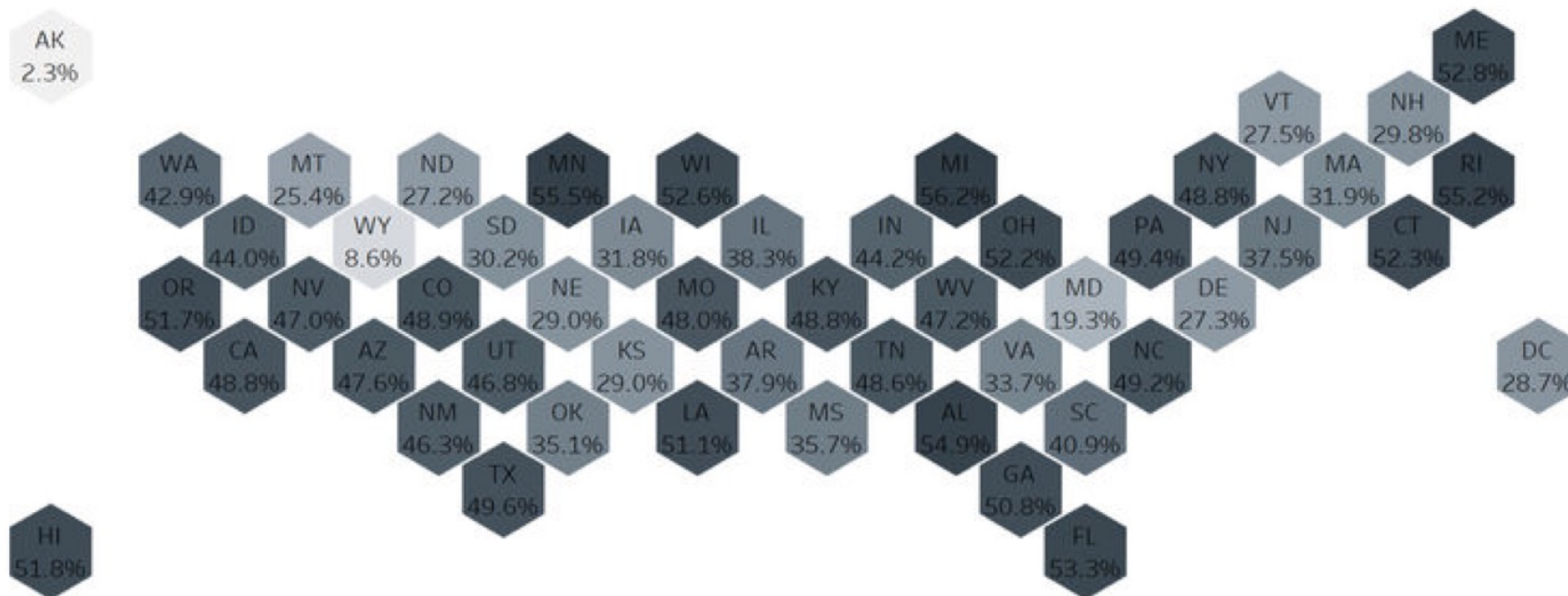
- Medicare Advantage and Other Plans
- Traditional Medicare (Fee-For-Service)



KEY TAKEAWAYS

- National MA enrollment grew to 29.6M in 2022 and may eclipse 50% of Medicare-eligible beneficiaries as soon as 2024.
- National FFS enrollment continues its downward trend, decreasing by 1.3M (3.4%) between 2021 and 2022.
- Post-acute care agencies must support the decrease in total cost of care for Medicare beneficiaries to compete for and win profitable MA contracts.

Medicare Advantage Penetration by State



Medicare Advantage Penetration Rate
2.3% 56.2%



KEY TAKEAWAYS

- MA plan expansion continues to target densely populated geographies, indicated by New England states having the highest increase in MA penetration over the last 5 years.
- Low YoY rates of increase in states with high MA penetration suggest market saturation in these areas.
- Geography-specific plan enrollment and PAC utilization data are necessary to target and land beneficial MA contracts.

NH Quality

**Which US
State reports
the highest %
of 4 & 5 Star
NH's?**

A) Alaska

B) Florida

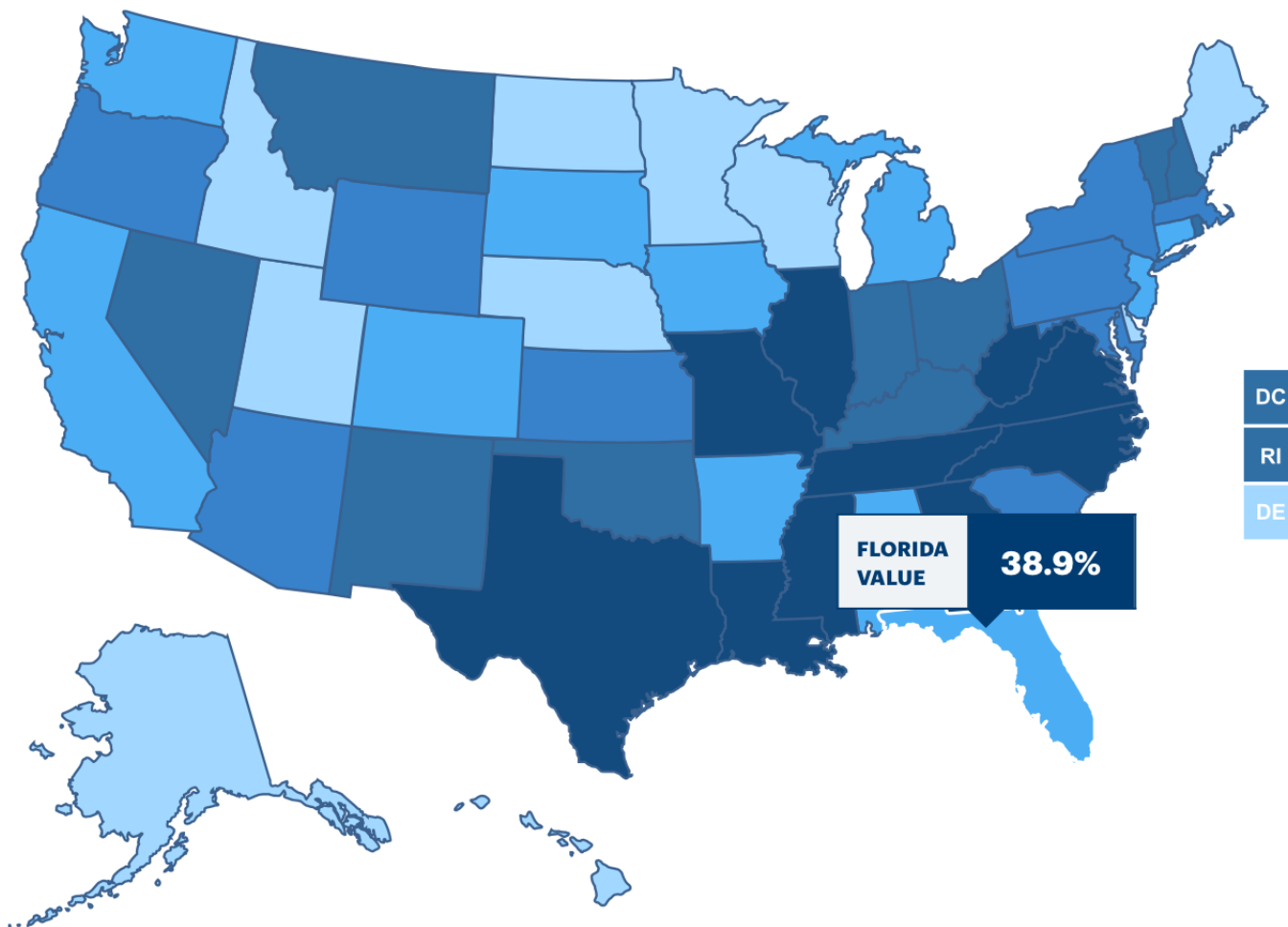
C) Hawaii

C) North Dakota

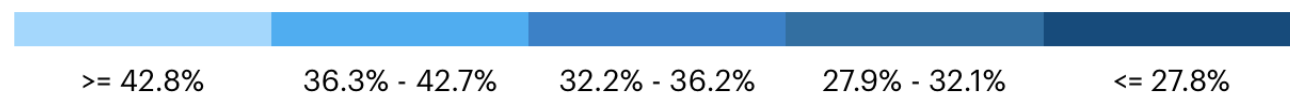


Nursing Home Quality

Percentage of certified nursing home beds rated four or five stars over a three-month period



Data from U.S. HHS, Centers for Medicare & Medicaid Services, Care Compare, September 2022-November 2022



Top States

	Rank	Value
Hawaii	1	73.3%
Alaska	2	52.2%
North Dakota	3	48.9%
Idaho	4	47.5%
Utah	5	45.6%

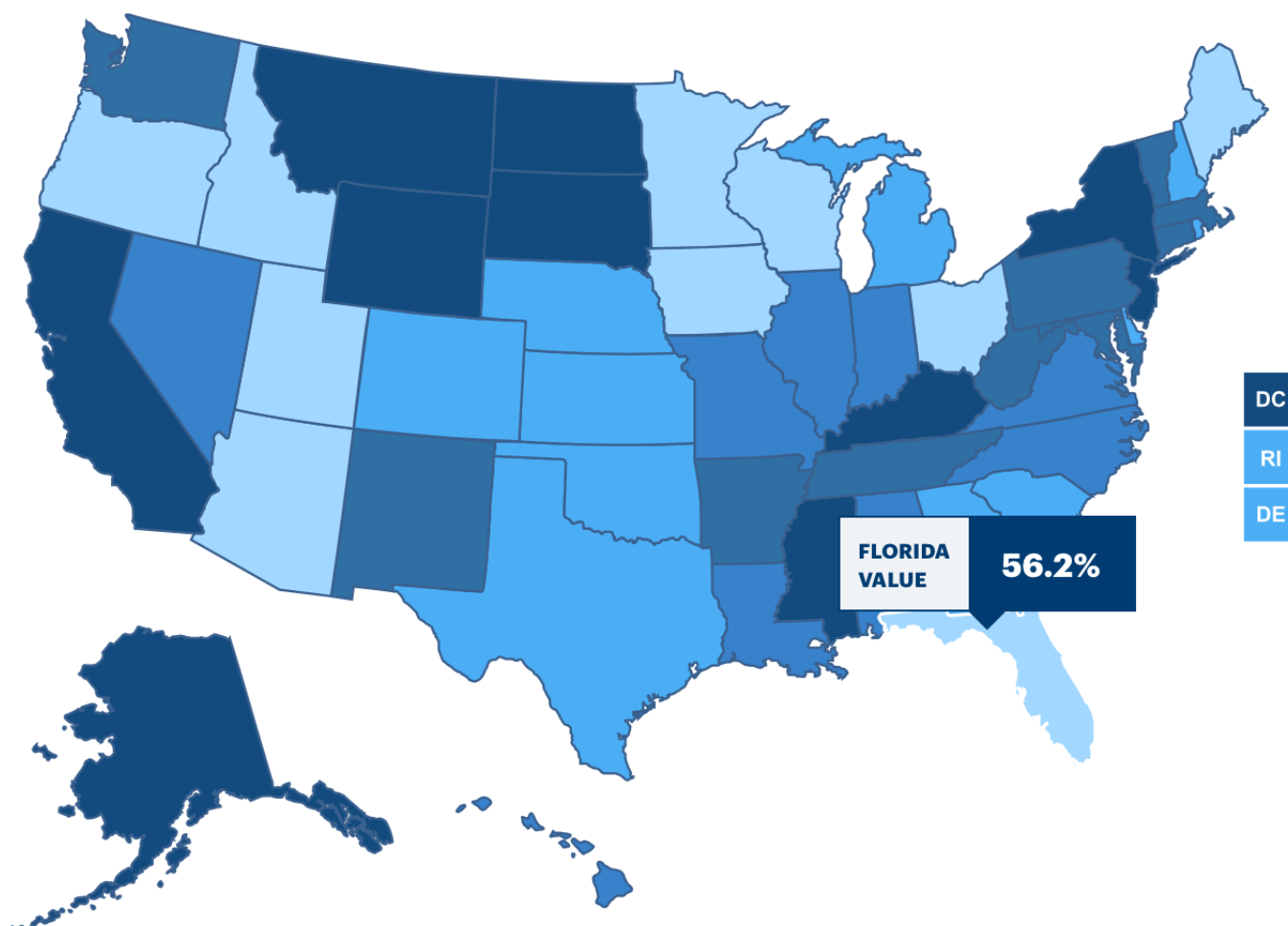
Bottom States

	Rank	Value
Texas	46	24.1%
West Virginia	47	22.5%
Illinois	48	22.3%
Mississippi	49	20.3%
Louisiana	50	19.7%

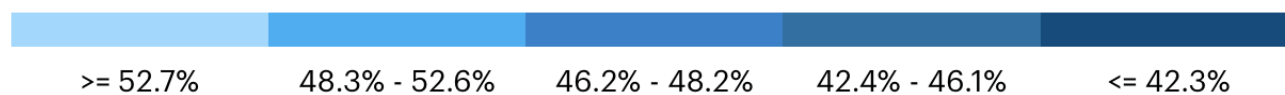
[View All States >](#)

Hospice Care

Percentage of Medicare decedents who were in hospice at time of death



Data from National Hospice and Palliative Care Organization, NHPCO Facts and Figures, 2020



Top States

Rank

Value

Utah	1	60.7%
Florida	2	56.2%
Ohio	3	54.8%
Arizona, Wisconsin	4	54.7%
Oregon	6	54.5%

Bottom States

Rank

Value

New Jersey	46	39.5%
Wyoming	47	33.1%
North Dakota	48	31.6%
Alaska	49	30.1%
New York	50	24.7%

[View All States >](#)

Disparities in PALTC

Which PALTC setting in the USA has the higher utilization by men (vs women)?

A) Home Health

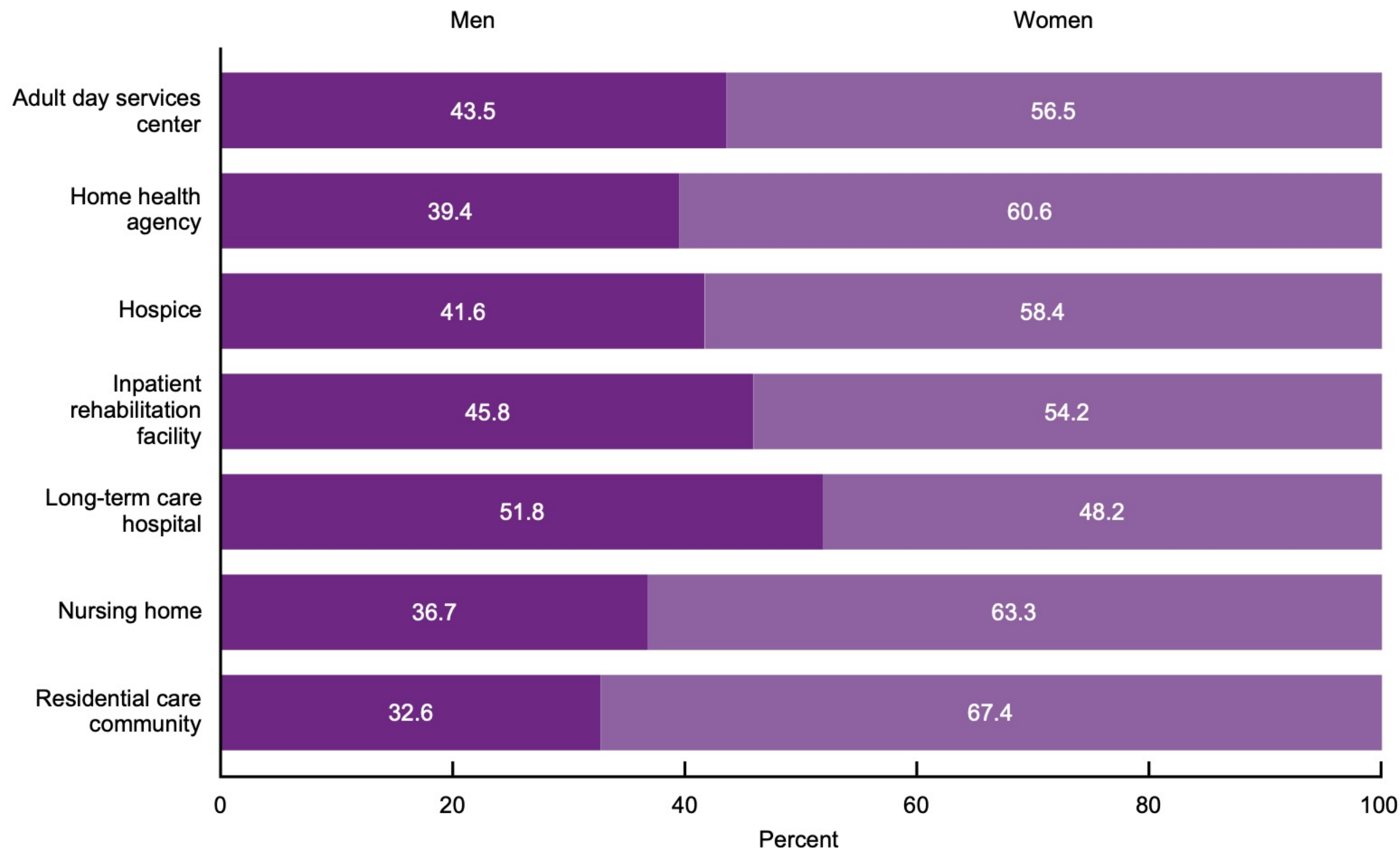
B) Hospice

C) Long-Term Hospital

D) Nursing Home



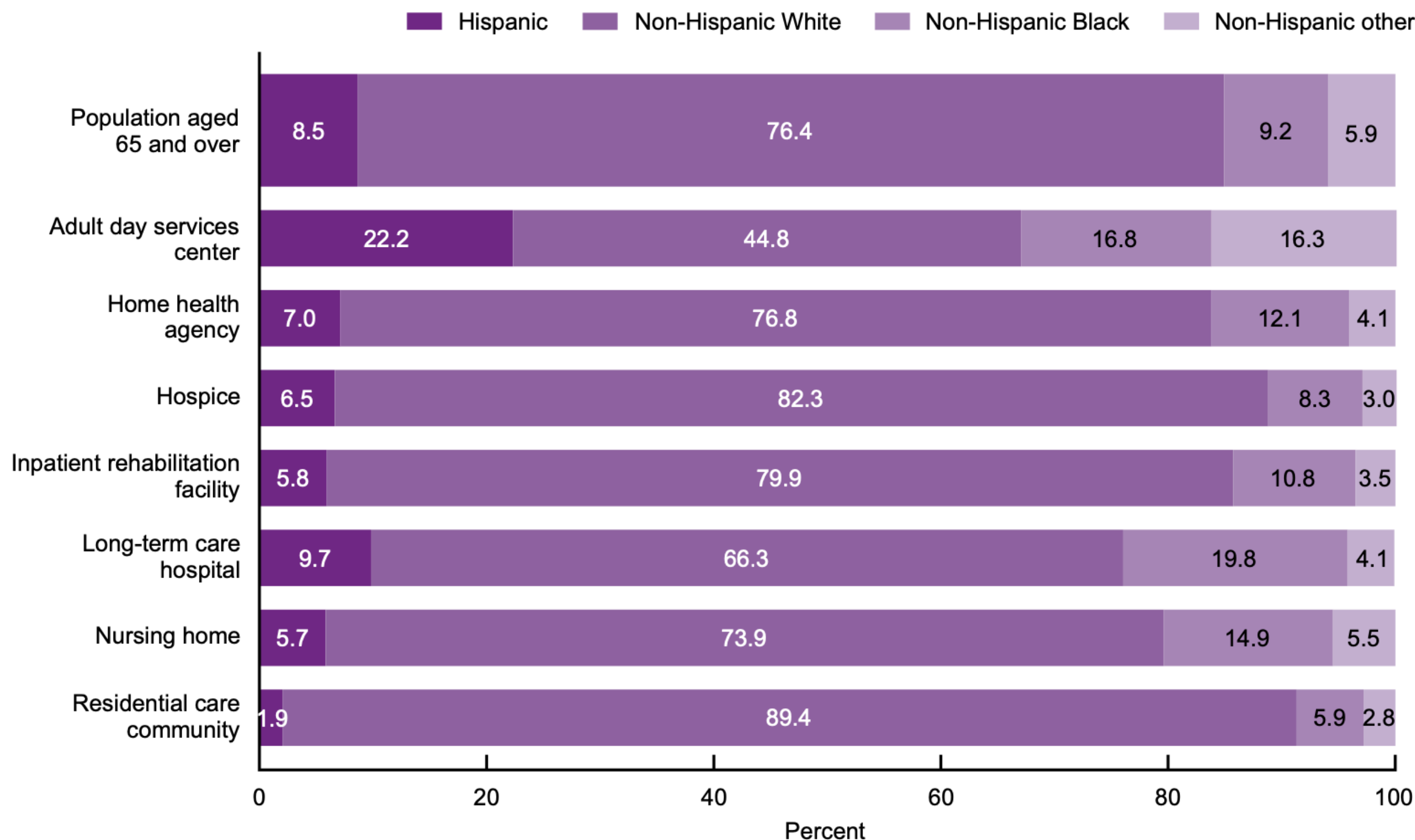
Figure 21. Percent distribution of post-acute and long-term care services users, by sector and sex: United States, 2017 and 2018



NOTES: Percentages for adult day services centers, nursing homes, and residential care communities were based on the number of users on a given day in 2018. Percentages for home health agencies, hospices, inpatient rehabilitation facilities, and long-term care hospitals were based on the number of patients who ended care at any time in 2017. See Appendix I in this report for more information on data sources used for each sector. Percentages are based on unrounded estimates. Percent distributions may not add to 100 because of rounding. Access data for this figure in Table XII of Appendix III.

SOURCES: National Center for Health Statistics, National Study of Long-Term Care Providers, 2018, and Centers for Medicare and Medicaid Services data files, 2017–2018.

Figure 22. Percent distribution of post-acute and long-term care services users, by sector and race and Hispanic origin: United States, 2017 and 2018

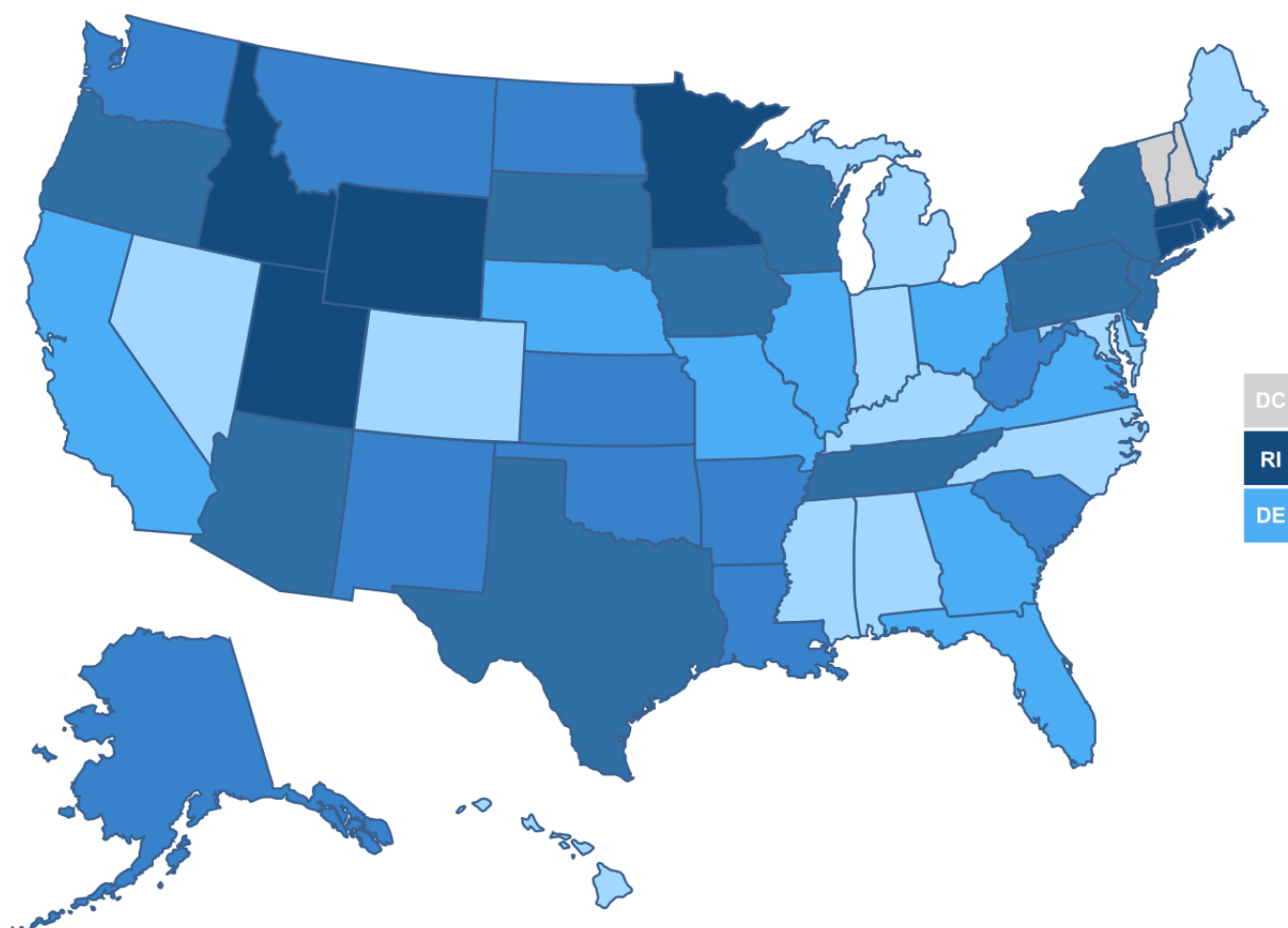


NOTES: Percentages for adult day services centers, nursing homes, and residential care communities were based on the number of users on a given day in 2018. Percentages for home health agencies, hospices, inpatient rehabilitation facilities, and long-term care hospitals were based on the number of patients who ended care at any time in 2017. See Appendix I in this report for more information on data sources used for each sector. Percentages are based on unrounded estimates. Percent distributions may not add to 100 because of rounding. Access data for this figure in Table XII of Appendix III.

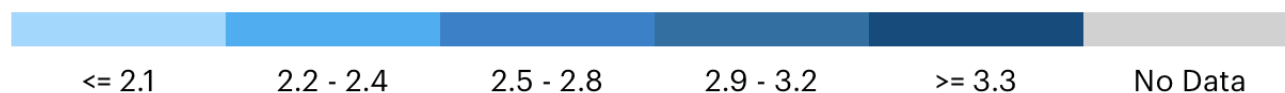
SOURCES: National Center for Health Statistics, National Study of Long-Term Care Providers, 2018; Centers for Medicare and Medicaid Services data files, 2017–2018; and U.S. Census Bureau, Population Division, Population Estimates, July 1, 2018.

Poverty Racial Disparity - Ages 65+

Ratio of the poverty rate of the racial/ethnic group with the highest rate (varies by state) to the non-Hispanic white rate among adults ages 65 and older



Data from U.S. Census Bureau, American Community Survey, 2021



Top States

Rank Value

Maine	1	1.2
Colorado	2	1.7
Alabama	3	1.8
Nevada	4	1.9
Hawaii, Indiana, Kentucky, Maryland, Michigan, Mississippi, North Carolina	5	2.1

Bottom States

Rank Value

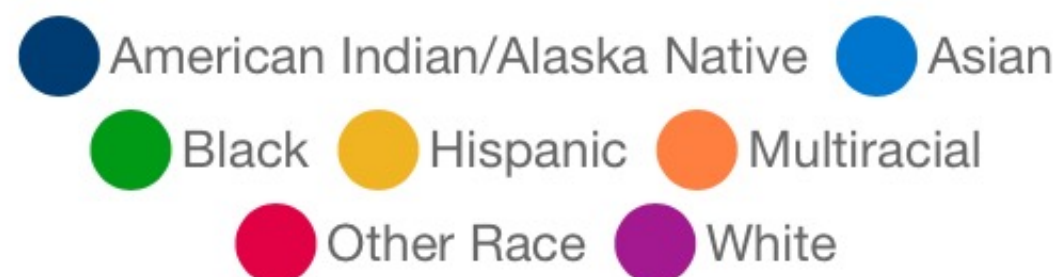
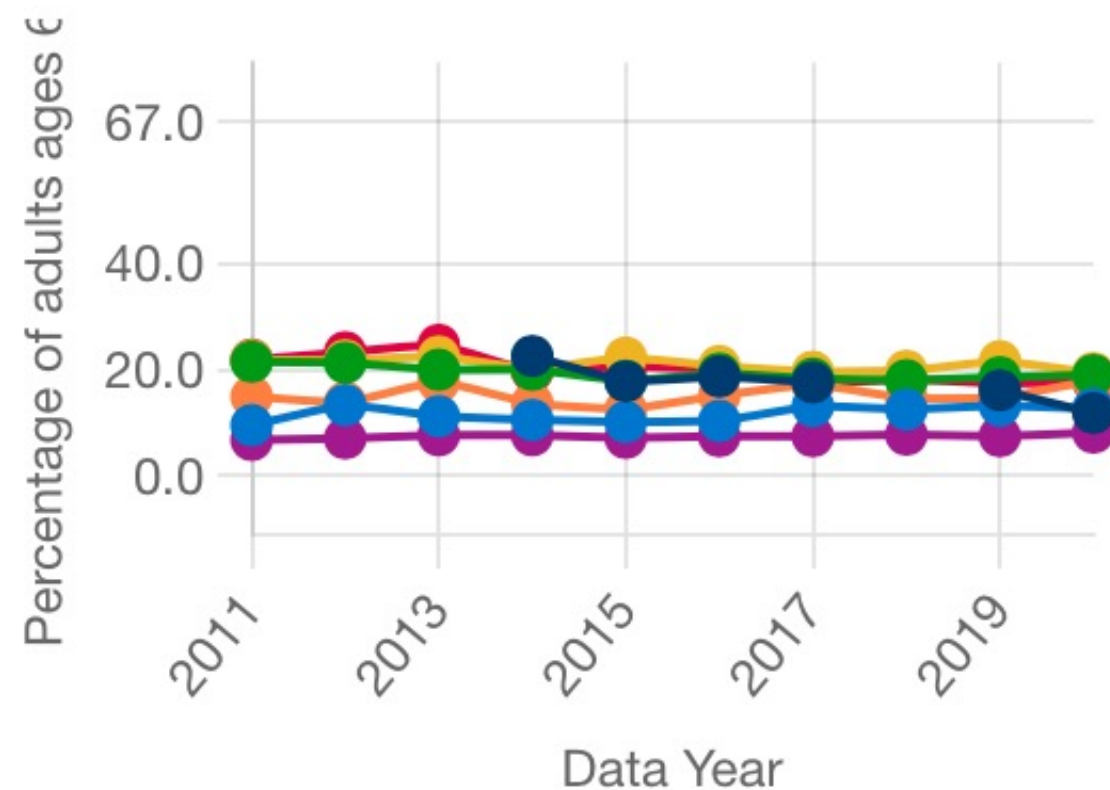
Idaho	42	3.4
Minnesota	43	3.6
Connecticut, Massachusetts, Utah	44	4.1
Rhode Island	47	5.0
Wyoming	48	5.2

[View All States >](#)

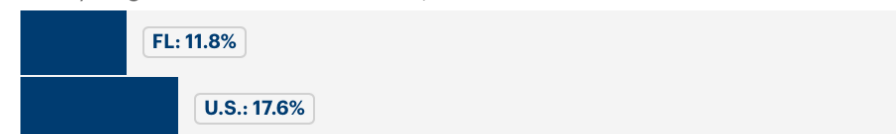
Poverty Racial Disparity - Ages 65+

Ratio of the poverty rate of the racial/ethnic group with the highest rate (varies by state) to the non-Hispanic white rate among adults ages 65 and older

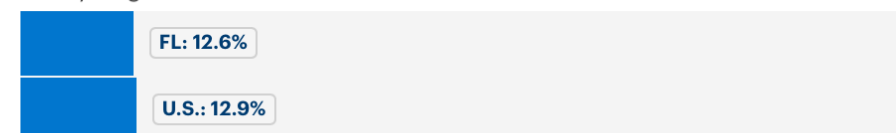
Race/Ethnicity



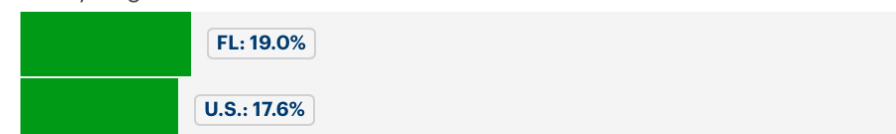
Poverty - Ages 65+ - American Indian/Alaska Native



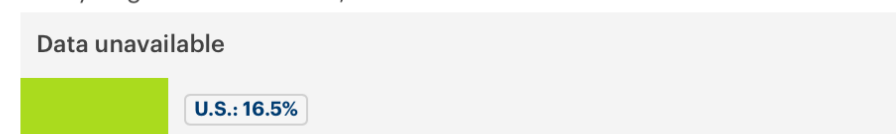
Poverty - Ages 65+ - Asian



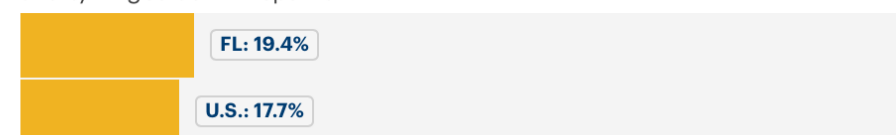
Poverty - Ages 65+ - Black



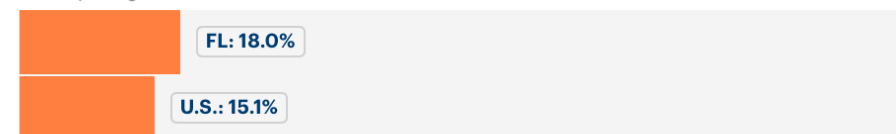
Poverty - Ages 65+ - Hawaiian/Pacific Islander



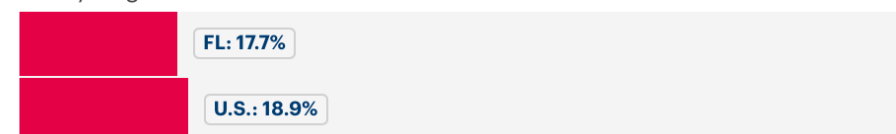
Poverty - Ages 65+ - Hispanic



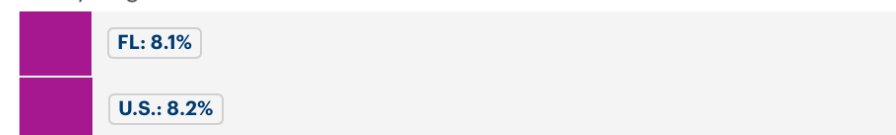
Poverty - Ages 65+ - Multiracial



Poverty - Ages 65+ - Other Race



Poverty - Ages 65+ - White



Percentage of adults ages 65+

Data suppression rules are as defined by the original source.

Race and ethnicity populations are as defined by the original source.

SOURCE:

U.S. Census Bureau, American Community Survey, 2021

The Future is Now!

Technology in PALTC

**Are you using
Telehealth in
your PALTC
setting?**

A) Yes

B) No

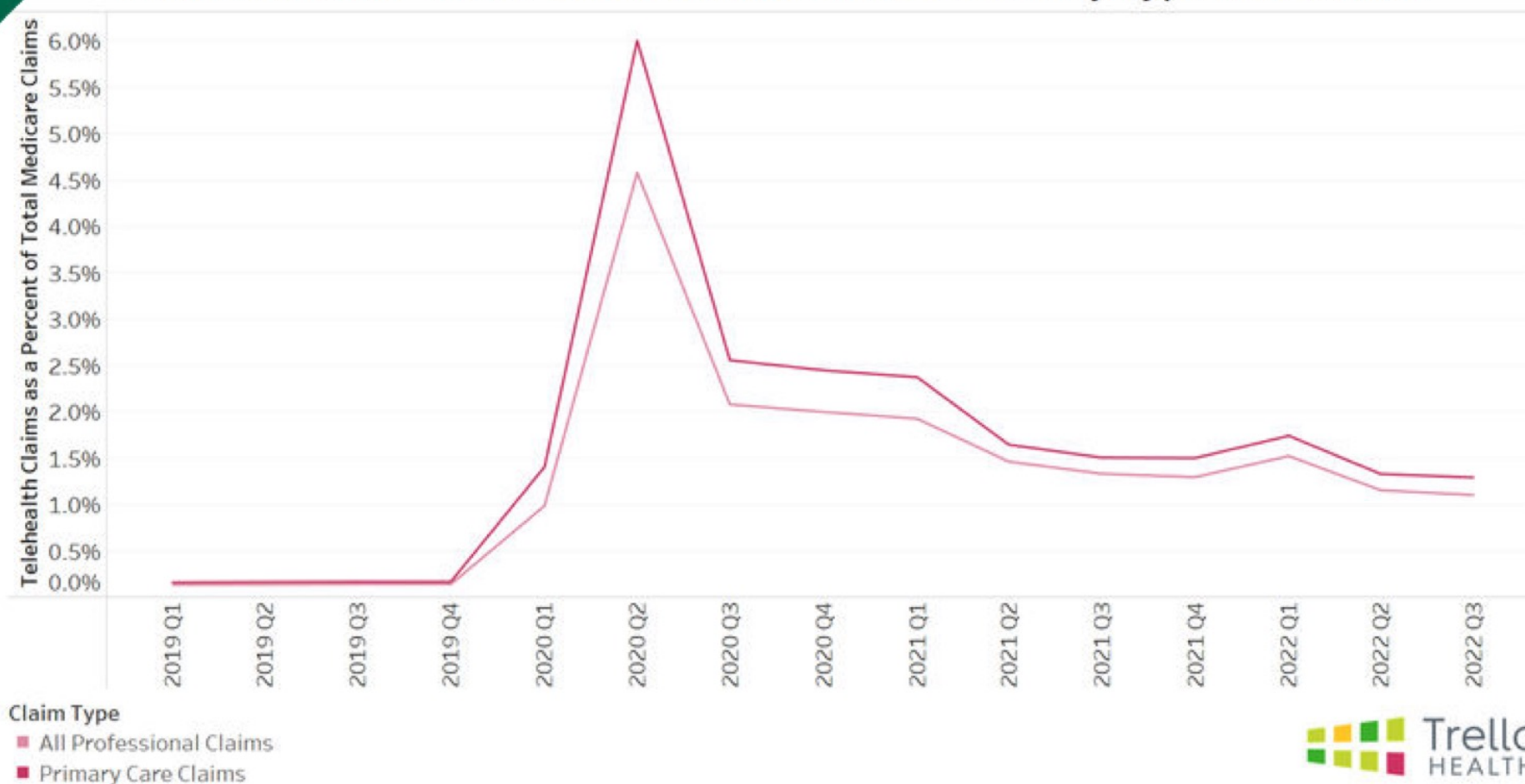


CARING + TECH

**NURSING
HOMES of
The Future**



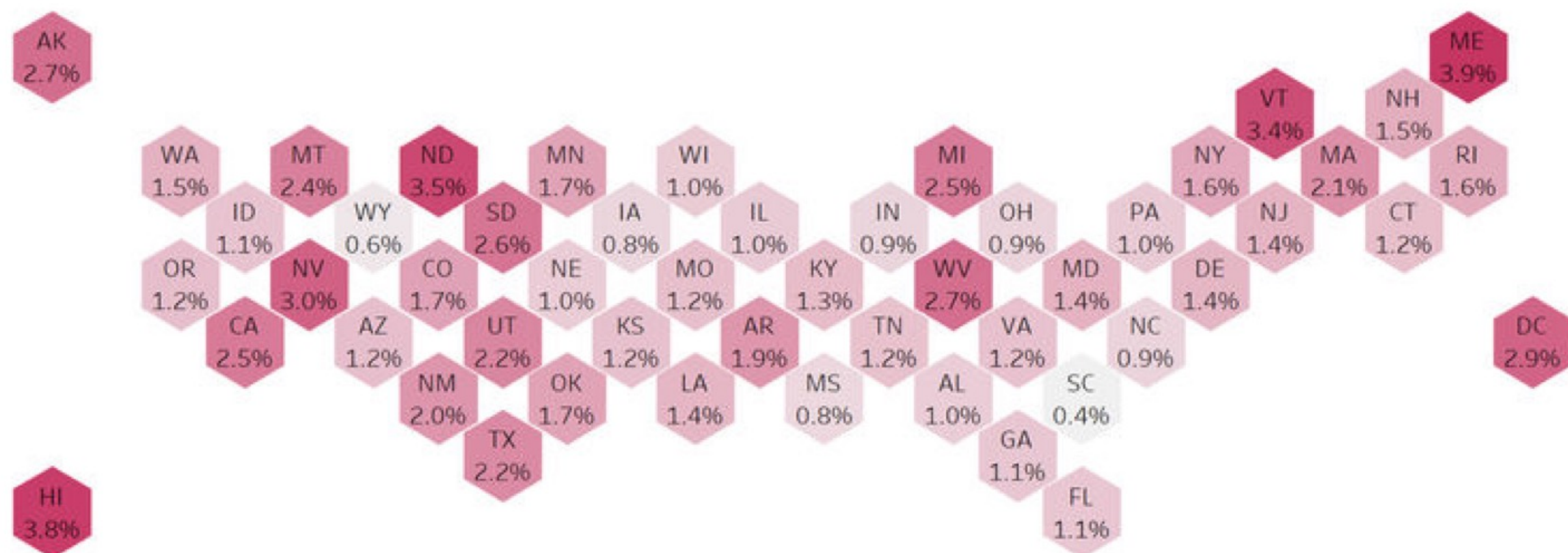
Telehealth as a Percent of National Medicare Claims by Type and Quarter⁴



KEY TAKEAWAYS

- After a substantial increase in the number of telehealth professionals and primary claims amidst the start of the pandemic, telehealth claims as a percentage of total professional claims continue to decrease year-over-year.
- While quarterly telehealth claims in 2022 are certainly a higher percentage of total claims than in pre-pandemic quarters, it's unclear where telehealth claim rates will stabilize in the years to come.

Telehealth Claims as a Percent of Primary Care Medicare Claims by State 2021 Q4 - 2022 Q3



Telehealth Utilization %

0.4% 3.9%





@RhondaLRandallDO