

Women and Long-term Services and Supports

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Why are Long-term Services and Support a Women's Issue?...and Why Does This Matter to State Policy Makers?

- Gender Differences in Health and Longevity
- Gender and Social Roles –Family Caregiving
- Economics – Women and Work
- Paid Home Care Workforce
- Public Program Design – Medicare and Medicaid

Long-term Services and Supports (LTSS)

Figure 3

- What types of services do they include?
- Where are they provided?
- Who uses them?
- Who provides them?
- Who pays?



What are Long-term Services and Supports?

Figure 4

- Services and supports needed when ability to care for self has been reduced by a chronic illness, disability, or aging
- Services may address special health challenges or assistance with daily activities



Where are LTSS Provided?

Figure 5

- At Home and Community
 - Family and friends
 - Para-professionals
 - Home health
 - Personal care
- Residential Care Facilities (Assisted Living)
- In Institutional Settings
 - Nursing Home
 - Skilled Nursing Facility (SNF)
 - Intermediate Care Facility for the Intellectually Disabled (ICF/ID)



People Using Long-Term Services and Supports are Diverse and Have a Wide Array of Needs

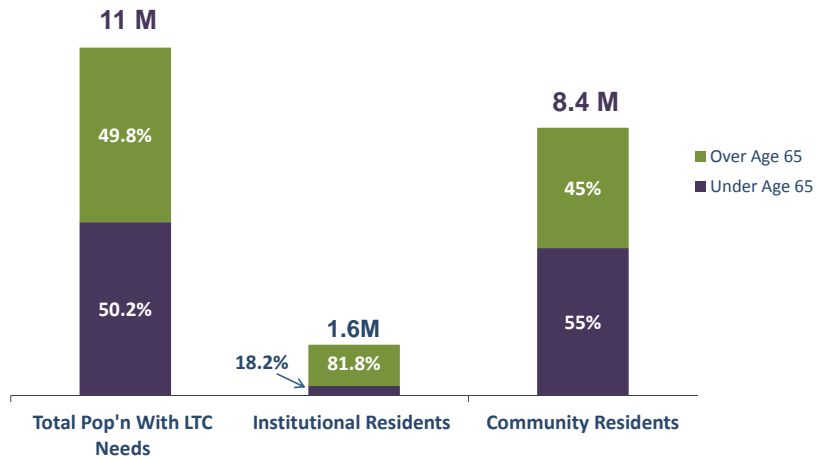
Figure 6

- Elderly persons who need assistance with one or more activities of daily living (ADLs)
- Persons with Alzheimer's disease and dementia
- Persons with intellectual and developmental disabilities
- Persons with mental illness
- Persons with spinal cord injuries and traumatic brain injuries
- Children with special health care needs



People With Long Term Care Needs

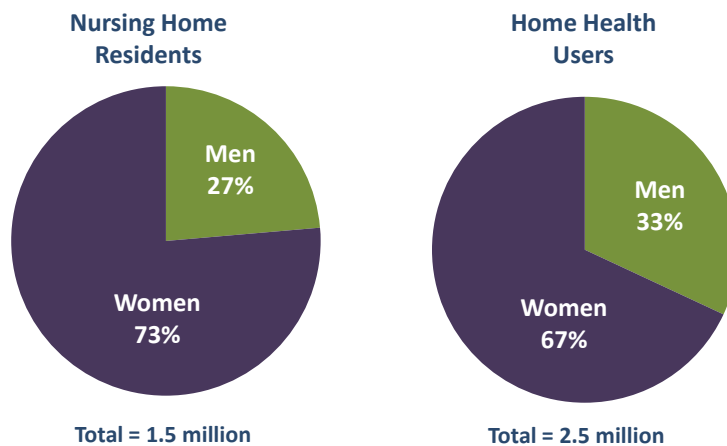
Figure 7



Source: Kaye et al. (2010) Long-Term Care: Who Gets It, Who Provides It, Who Pays, And How Much. *Health Affairs*, 29:1, 11-21.
 Note: Data from 2007 American Community Survey (ACS) and the 2005 Survey of Income and Program Participation (SIPP)

Women Comprise the Majority of the Long-term Care Population

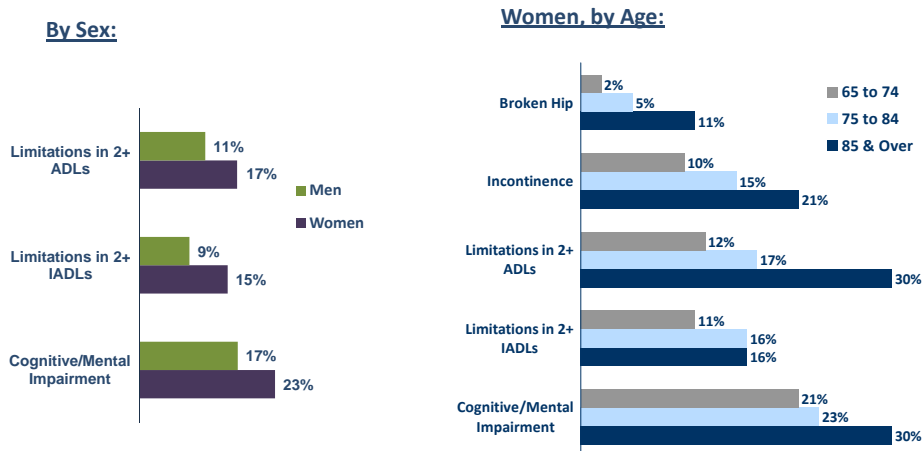
Figure 8



Note: Nursing home residents refer to those ages 65 and older. Data from 2008.
 Source: Kaiser Family Foundation analysis of Medicare Current Beneficiary Survey.

Many Older Women Have Limitations That Predispose Them to Needing Long-term Care

Figure 9

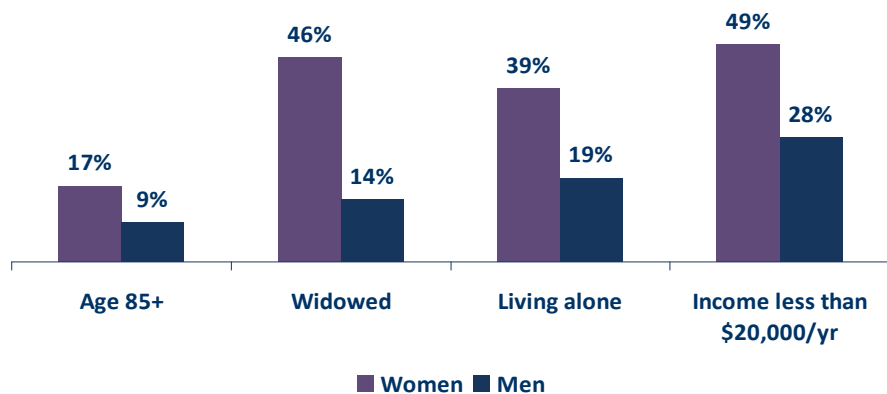


Note: ADLs refer to Activities of Daily Living (bathing, dressing, eating, walking, using the toilet, getting in and out of chairs). IADLs refer to Instrumental Activities of Daily Living (doing housework, making meals, managing money, shopping, using the telephone). Analysis excludes institutional population.

Source: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Access to Care file, 2006.

Economic and Social Factors Also Affect Long-term Care Use for Women

Figure 10

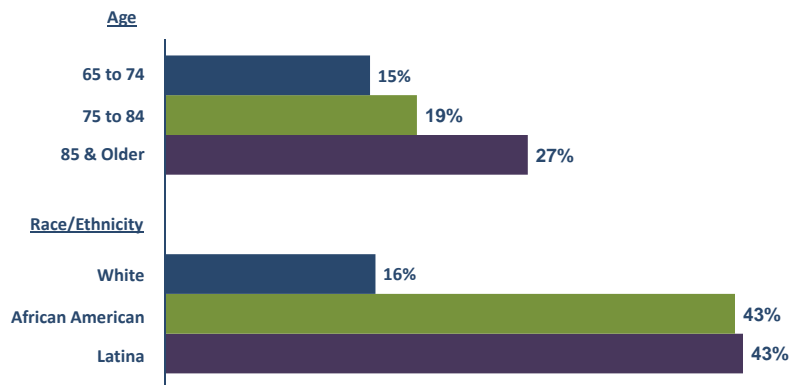


Source: KFF analysis of Medicare Current Beneficiary Survey, 2006

Many Older Women on Medicare are Impoverished

Figure 11

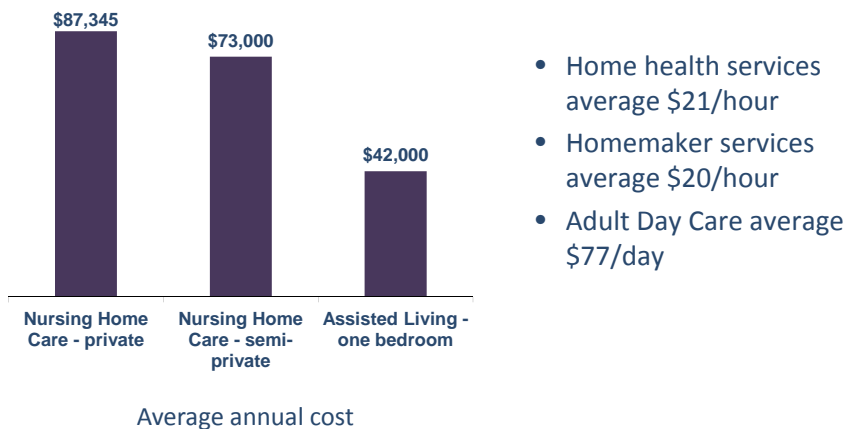
Percent of women ages 65 and older on Medicare with annual income below \$10,000:



Source: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Access to Care file, 2006.

Long-term Care Services are Costly

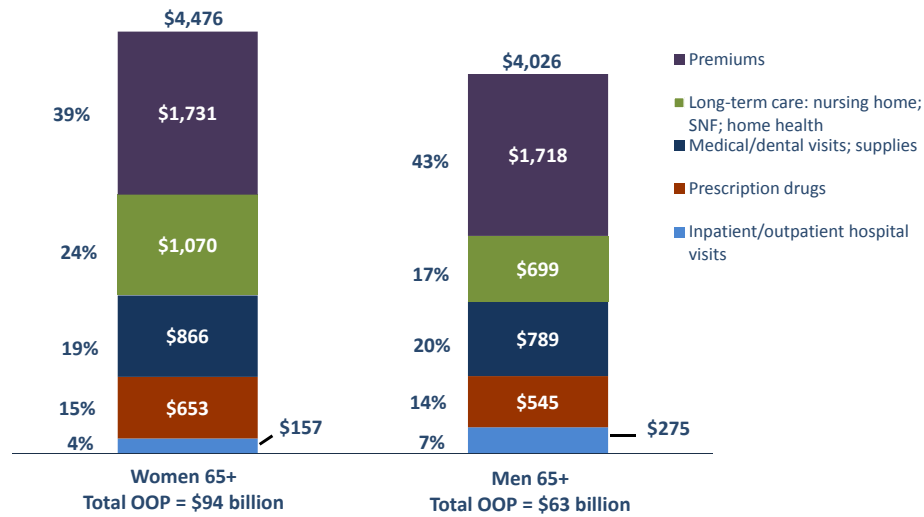
Figure 12



The Scan Foundation Long-Term Care Fundamentals, Technical Brief Series, November 2010, No.3

Out-of-pocket Health Spending by Medicare Beneficiaries Age 65+, 2005

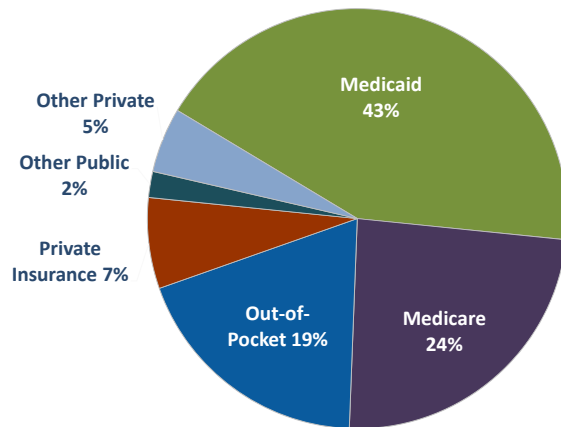
Figure 13



Note: Estimates reflect mean out-of-pocket spending for Medicare and private insurance premiums and health care services. Source: KFF analysis of the CMS Medicare Current Beneficiary Survey Cost and Use File, 2005.

Medicaid Pays for the Majority of Long-term Care Services

Figure 14



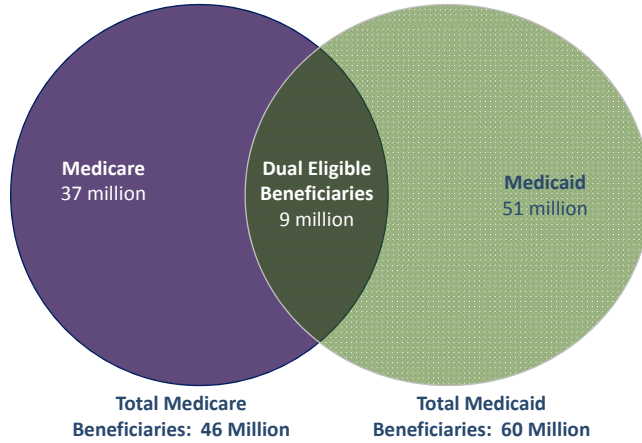
Total Long-Term Care Expenditures in 2009 = \$240 Billion

Note: Total LTC expenditures includes spending on nursing home, home health services, and home and community-based waiver services. All home and community-based waiver services are attributed to Medicaid. Total excludes residential care facilities for intellectual and developmental disabilities, mental health, or substance abuse. Source: KCMU estimates based on CMS National Health Accounts data, 2009.

Who are the Dual Eligibles?

Figure 15

Dual eligible beneficiaries comprised 20% of the Medicare population and 15% of the Medicaid population in 2008

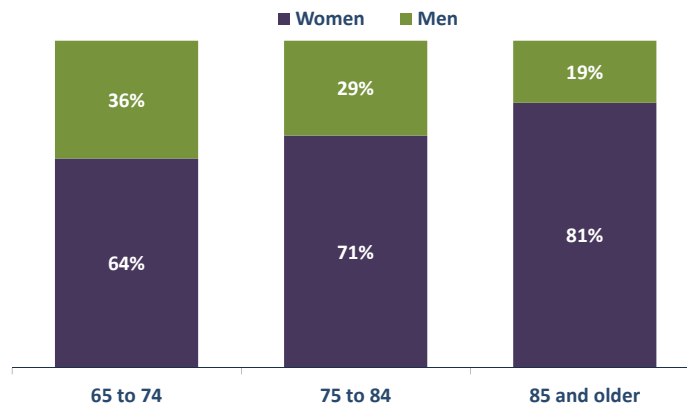


Source: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey 2008, and Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates based on data from FY2008 MSIS and CMS Form-64.

Older Women Comprise the Majority of Seniors on Medicaid

Figure 16

Distribution of Seniors with Medicaid, by Age and Sex, 2004



Women = 70% of the 5.9 million Medicaid beneficiaries 65 and older

Source: Kaiser Commission on Medicaid and the Uninsured and Urban Institute analysis of 2004 MSIS data, 2007.

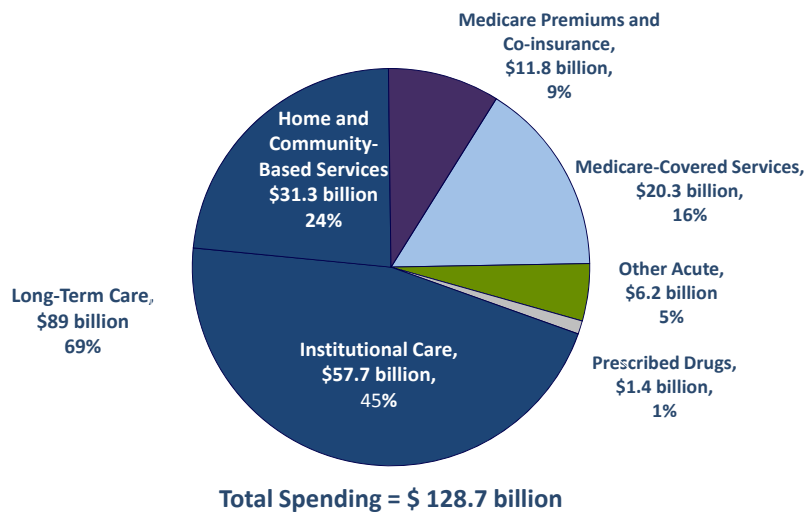
Medicaid Benefits for Dual Eligibles

Figure 17

- **Full Duals, 7 million**
 - Medicaid benefits and coverage for Medicare premiums and cost-sharing
 - Pays for services that are not covered by Medicare, such as dental, vision, and other services provided at state option
 - Long-term Care - nursing home stays and home and community-based services (Medicare coverage for long-term care services is very limited)
- **Partial Duals, 2 million**
 - Medicaid only pays for Medicare premiums and cost-sharing
 - Assistance is based on income with poorer individuals receiving higher level of assistance

Medicaid Expenditures for Dual Eligibles, FY 2008

Figure 18



Note: Totals may not sum due to rounding.

Source: Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates based on data from FY 2008 MSIS and CMS-64 reports, 2012.

What is Private Long-term Care Insurance?

Figure 19

- Approximately 8 million private long-term care policies are currently in force
- Most private long-term care insurance plans cover portion of nursing homes, assisted living facilities, home health care, hospice care, and respite care
 - Other common benefits: case management services, homemaker or chore services, caregiver training, coverage of some medical equipment, and reimbursement of bed reservations in long-term care facilities
 - Coverage is typically time-limited, requiring beneficiaries to estimate the amount of time that services will be needed
- Private long-term care insurance can be expensive, especially for the low-income population
 - In 2007, the average premium was \$2,207 per year.
 - Premium charges rise with age
 - Not everyone can qualify

Source: Stevenson et al. (2010). The Complementarity of Public and Private Long Term Care Coverage. *Health Affairs*, 29:1. AHP, 2007 LIMRA, 2010

Family Caregiving is Essential for Many to Continue Living at Home

Figure 20

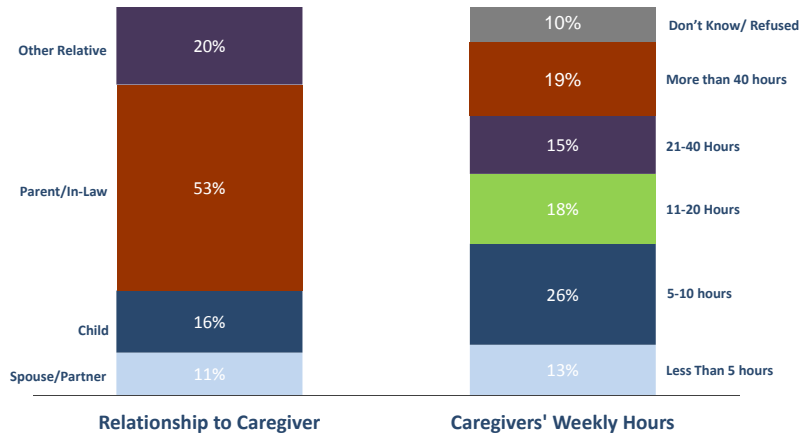
- About 9 of 10 Americans who need LTSS get it from a “informal” or unpaid caregiver
- The economic value of informal caregiving was estimated to be \$450 billion in 2009
- Two-thirds of family caregivers are women
- Caregivers work 18 hours per week on average with unpaid care
- Assist daily activities with (doctor’s appointments, paying bills) and more intensive care (bathing, medications, etc.)
- Half of caregivers must make adjustments to their work schedules to provide care



Source: Feinberg et al. (2011) Valuing the Invaluable: 2011 Update—The Growing Contributions and Costs of Family Caregiving. AARP Public Policy Institute <http://assets.aarp.org/rgcenter/ppi/ltc/151-caregiving.pdf>

Caregiver Responsibilities

Figure 21

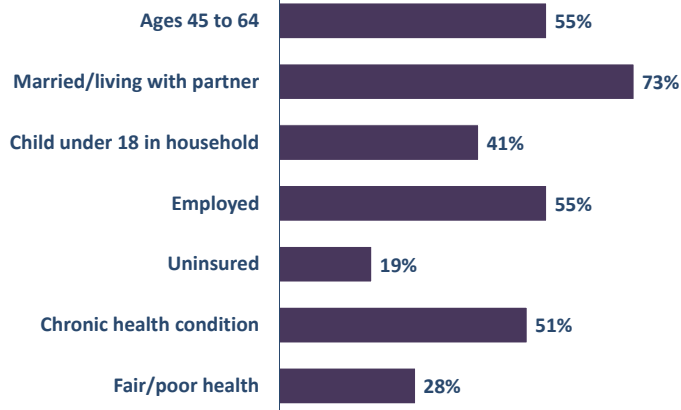


Caregivers are women ages 18-64 caring for individual with chronic illness or disability.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2008.

Profile of Women Family Caregivers

Figure 22

Percentage of family caregivers* who are:

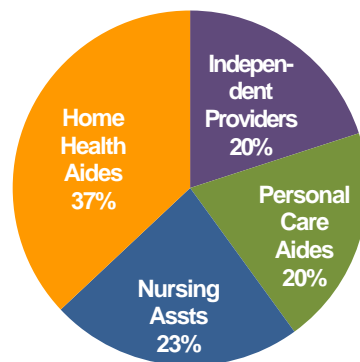


*Caregivers are women ages 18-64 who are caring for a chronically ill or disabled relative.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2008.

Paid Home Care Workers

Figure 23

- Most paid LTC provided by paid or “direct care” workers – 4 million workers
- \$84 billion home health industry



Independent Providers

- Estimates between 800,000 to 2 million independent providers
- 90% are women; Over half are women of color
- Exempt from Fair Labor Standard Act – “Companionship Exemption”
- Average wage is \$9.40/hr; \$16,000 yr
- Can be paid under minimum wage and no overtime

The Affordable Care Act

Figure 25

- CLASS Act
- Demonstrations for Dual Eligibles: to coordinate and integrate care
- Demonstrations to integrate and improve care for residents in LTC facilities
- Incentives to Broaden Access to Home and Community Based Services
 - Still 500,000 individuals on waiting lists

Elements of “High Performing System of LTSS”

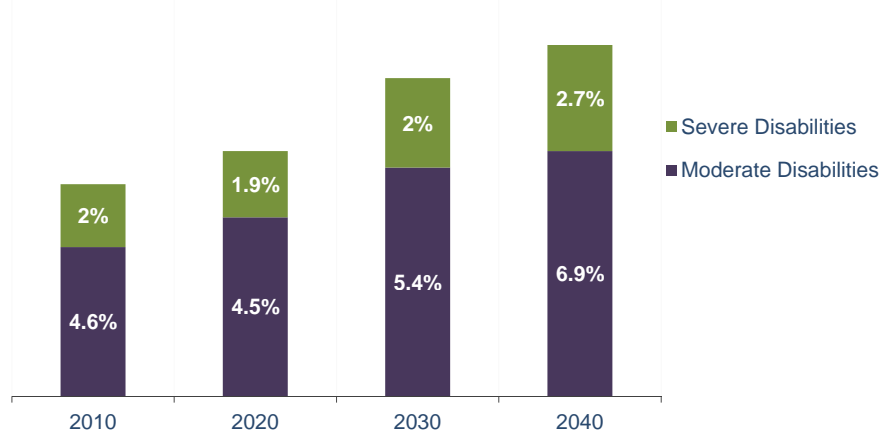
- **Support for family caregivers**
- **Ease of access and affordability**
- **Choice of settings and providers**
- **Quality of care and life**
- **Effective transitions and organization of care**

Source: S. C. Reinhard, E. Kassner, and A. Houser, “How the Affordable Care Act Can Help Move States Toward a High-Performing System of Long-Term Services and Supports,” *Health Affairs*, March 2011 30(3):447–53.

Need for Long-Term Care Will Grow LTSS will still be services for and provided by women

Figure 27

Frail Adults, Age 65 and Older as a Percentage of the Population Ages 25-64, 2000-2040



Note: Estimates are based on intermediate disability growth scenario. The analysis defines frailty as having and ADL or IADL limitations. People are classified as having moderate disabilities if they have two or fewer ADL limitations and severe disabilities if they report 3 or more ADL limitations.
Source: Johnson RW, Toohey D, and Wiener JM. 2007 Meeting the Long-Term Care Needs of the Baby Boomers: How Changing Families Will Affect Paid Helpers and Institutions. Urban Institute. http://www.urban.org/UploadedPDF/311451_Meeting_Care.pdf