

# A Portrait of Our Members:

Highlights from the 2016  
LeadingAge Provider Services Surveys



A PORTRAIT OF OUR MEMBERS:  
HIGHLIGHTS FROM THE 2016 LEADINGAGE PROVIDER SERVICES SURVEYS

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**LeadingAge LTSS Center @UMass Boston**

The LeadingAge LTSS Center @UMass Boston, a collaboration of LeadingAge and the University of Massachusetts Boston, conducts research aimed at transforming the way long-term services and supports (LTSS) are financed, delivered, and experienced by older adults and their families. The LTSS Center, which has offices in Washington, DC and Boston, MA, combines the expertise of applied and academic researchers with the unique perspectives of LTSS providers and consumers. Researchers work closely with the Center for Consumer Engagement in Health Innovation at Community Catalyst, a policy center focused on consumer needs.

Visit [www.LeadngAge.org/Center-applied-research](http://www.LeadngAge.org/Center-applied-research) to learn more about the Center's work.

# Introduction

There is little data at the national level describing nonprofit providers of long-term services and supports (LTSS) or the policy-relevant trends affecting them. To remedy this situation, LeadingAge conducted an extensive set of surveys among its provider members during 2016. Our goal was to gather much-needed information about nonprofit providers of aging services, and to help LeadingAge better understand its members so it could better serve them.

LeadingAge used five surveys to collect information from chief executive officers/executive directors and key staff managing various service lines at member organizations. Surveys were completed by:

- 634 chief executives
- 188 nursing homes
- 203 residential care communities, including assisted living communities (80%) and personal care homes (20%)
- 134 providers of home and community-based services (HCBS), including adult day services
- 172 Independent living (IL) providers representing 250 unique affordable housing, market-rate, mixed-rental and other rental housing communities

## *Notes about the data*

- Analyses indicate that the data presented in this report are not fully representative of LeadingAge members. However, the results provide a valuable snapshot of these members.
- In general, this report uses averages to present data. However, medians are presented when outliers pull the average far up or far down.

## *Profile of LeadingAge Members*

**Established and Expanding:** LeadingAge members are generally well-established organizations that have been operating, on average, for 56 years. Providers of HCBS have been in operation the least number of years, averaging 9 to 13 years. LeadingAge provider organizations often were established as nursing homes or independent living communities, and subsequently expanded to provide:

- Home and community-based services (56%)
- Assisted living communities (31%)
- Senior housing communities (20%)
- Nursing homes (18%)
- Personal care homes (13%)

Ninety-four percent of members reported that they grew or expanded in the past 5 years by:

- Increasing their number of payers (40%)
- Increasing their customer base (38%)
- Expanding service lines (26%)
- Repositioning (21%)
- Acquiring or constructing new community locations (7%)

- Initiating a joint venture (6%)
- Initiating a for-profit venture (2%)

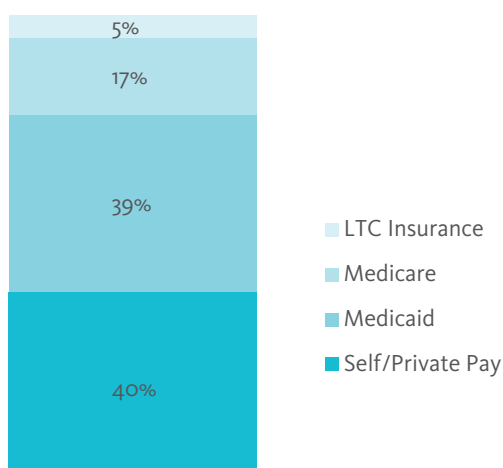
**Organizational size:** LeadingAge nursing home and assisted living/personal care home (AL/PCH) organizations are larger than similar provider organizations in the U.S., while HCBS organizations may be smaller.

Characteristics of specific services lines include:

- **Nursing homes:** On average, LeadingAge nursing homes serve 103 residents, compared to the national average of 88 residents.<sup>1</sup> These nursing homes reported an average occupancy rate of 95%, compared to just over 80% nationally.<sup>2</sup> As shown in **Figure 1**, primary payers include self or private pay (40%) and Medicaid (39%). Most nursing home members (85%) use an electronic health record (EHR) to manage residents' health care.

*Figure 1*

**LeadingAge Average Nursing Home Payer Mix**



- **Assisted Living/Personal Care Homes (AL/PCH):** The average number of residents reported by AL/PCH communities (53) is larger than the average reported by residential care communities nationwide (28).<sup>3</sup> Forty percent of AL/PCH residents requires assistance with three or more activities of daily living. Forty-four percent of LeadingAge AL/PCH members participate in Medicaid, compared to 47% of residential communities nationwide.<sup>4</sup> Two-thirds of LeadingAge AL/PCHs use an EHR to manage residents' health care.
- **Home and Community-Based Services (HCBS):** Over the past year, home health care members have served a median of 60 unique clients in a typical month and have provided 200 billable hours of care. Non-medical providers have served a median of 65 unique clients in a typical month and have provided 950 billable hours of care. On average each day, adult day providers serve 30 individuals, less than the national average of 39, and hospice providers serve 22 individuals, less than the national average of 139.<sup>5,6</sup>
- **Independent Living (IL):** Affordable housing providers make up the largest proportion (47%) of the overall LeadingAge IL membership, followed by market-rate providers (32%) and mixed-rental communities (16%). On average, market-rate providers reported an average of 92 units and 102 residents per community, compared with an average of 78 units and 80 residents in affordable housing communities. There are no comparable national data.

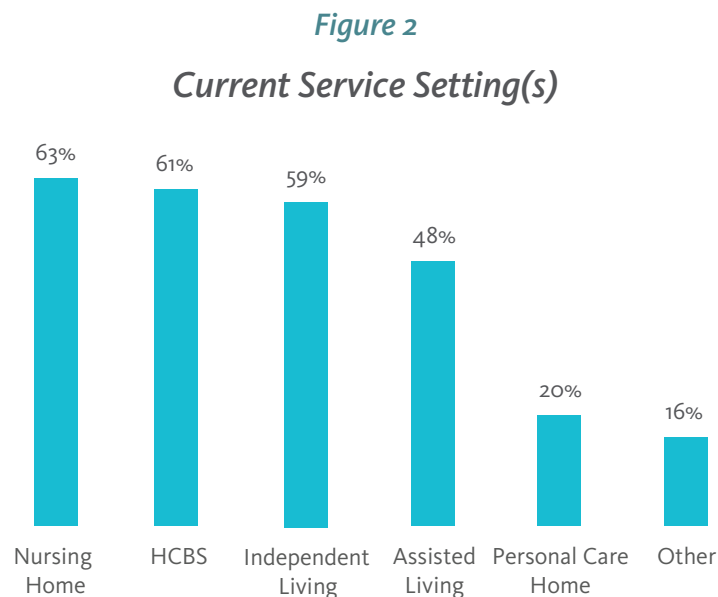
## Services and Supports

A majority of LeadingAge providers currently operate in more than one service setting. As shown in **Figure 2**, members provide one or more of the following service lines: nursing homes (63%), assisted living communities (48%), personal care homes (20%), independent living communities (59%) and HCBS (61%). The following is an overview of the services and supports that members offer through these service lines.

**Nursing Homes:** A large majority of LeadingAge nursing homes (85% or more) offer the following services:

- Medical
- Podiatry
- Dental
- Hospice care
- Geriatric psychological care
- Palliative care
- Hearing care
- Vision care services

At least half of the nursing homes offer palliative care and medical care onsite with the organization's own employees. The remaining services generally are offered onsite with outside providers. Additionally, 67% of nursing home providers offer respite care onsite with their own employees.



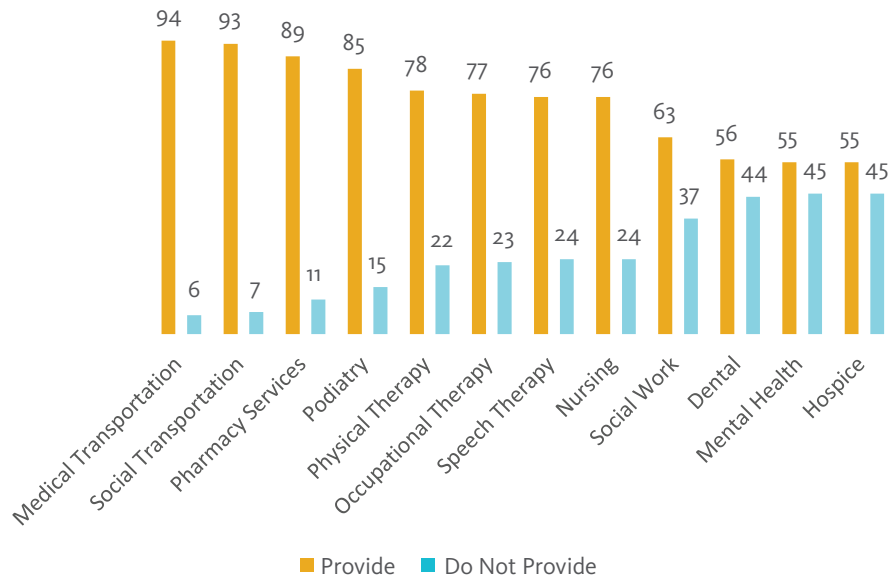
**AL/PCH:** **Figure 3** presents the percentage of LeadingAge AL/PCH providers offering major services to their residents. A large majority of AL/PCH members (75% or more) offer the following services:

- Skilled nursing
- Pharmacy
- Podiatry
- Physical, occupational and speech therapy

- Transportation to medical and dental appointments
- Transportation to social and recreational activities

LeadingAge AL/PCHs are less likely to provide dental, mental health and hospice services.

**Figure 3**  
**LeadingAge Assisted Living/PCH Members' Services (%)**



Almost all LeadingAge AL/PCHs conduct a formal functional assessment of residents' physical and cognitive functioning as part of the admission process. Additionally, 100% of responding LeadingAge residential care communities screen residents for depression, more than the national average (83%).<sup>7</sup>

**HCBS:** There is significant variation in the services offered by LeadingAge HCBS providers. The most common services provided in-house by HCBS members include:

- Non-medical home care (66%)
- Transportation services (68%)
- Home health care (43%)
- Adult day services (35%). More than half (59%) of these members provide both adult day health care and adult day social services.
- Rehabilitative therapies, including occupational, physical and speech therapy (31%)
- Congregate meals (30%)
- Hospice (22%)

A large percentage of members provide hospice and rehabilitative therapy, but typically contract out those services. Relatively few members providing transportation services and congregate meals reported being reimbursed for them (37% and 30%, respectively).

**Independent Living:** Independent Living communities across all rental types most commonly reported that they provide these services directly:

- Social and recreational activities
- Exercise and fitness
- Health education activities

Health care services—including primary and mental health care, podiatry care and dental care—are the least common services available onsite at housing communities. Most providers reported that if they offer these services it is through a contract or partnership.

Market-rate housing communities are twice as likely as affordable providers to:

- Have onsite services related to functional assistance, including homemaker assistance, personal care and medication assistance
- Directly provide congregate meals and transportation services

Affordable housing providers often rely on contracts and partnerships to provide these services. In contrast, market-rate providers more often reported that they directly fund many services, including transportation and congregate meals.

## Workforce

LeadingAge members generally employ their own W-2 staff members, rather than paying contract employees. Across all their service lines, members employ an average of:

- 122 full-time W-2 employees,<sup>1</sup> and only 9 full-time contract employees
- 62 part-time W-2 employees,<sup>2</sup> and only 6 part-time contract employees

**Nursing Homes:** On average, most nursing homes employ these full-time workers:

- Registered Nurses (RN) (74%)
- Licensed Practical Nurses/Licensed Vocational Nurses (LPN/LVN) (75%)
- Certified nursing aides and nursing assistants (74%)

**AL/PCH:** More than one-quarter of the AL/PCHs have a director on site 24 hours a day, 7 days a week, and 29% have a director onsite as needed. Additionally, 3% have an aide onsite and 12% have an RN or LPN onsite.

**Independent Living:** At least two-thirds of affordable, market-rate and mixed-rental communities reported having an onsite resident services coordinator (RSC), but they differ on funding mechanisms for that position.

- 56% of affordable providers reported funding their RSC through the U.S. Department of Housing and Urban Development.
- 56% of market-rate providers reported funding the RSC position “another way.”

As shown in **Figure 4**, only 14% of affordable housing providers reported having a wellness nurse, compared to 29% of market-rate providers and 48% of mixed-rental housing communities. Most affordable housing

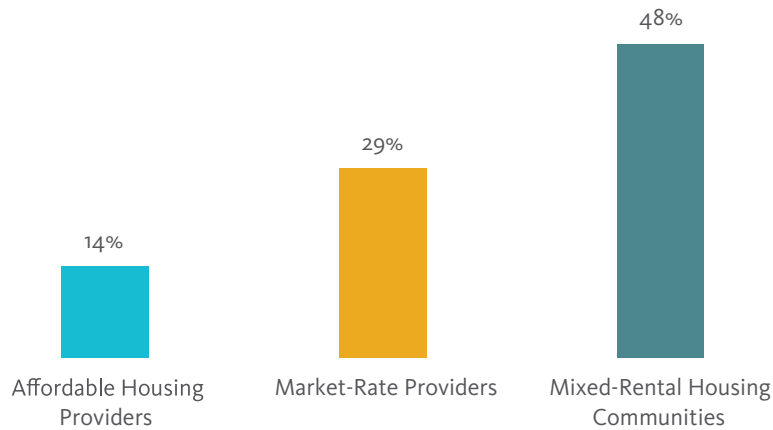
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1 The median was 90 full-time W-2 employees.

2 The median was 40 part-time W-2 employees.

communities fund the wellness nurse position through an external contract. Mixed-rental and market-rate providers tend to fund the position internally.

**Figure 4**  
**LeadingAge IL Providers with a Wellness Nurse**



### Significant Trends

**Health Reform:** In response to health reform, LeadingAge members most commonly:

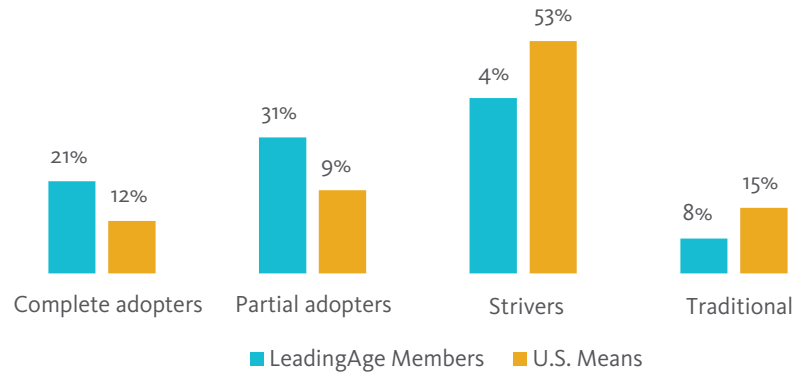
- Refined quality measures (36%)
- Partnered with a group purchasing organization (24%)
- Partnered with an accountable care organization (14%)
- Participated in other shared savings initiatives (14%)
- Offered managed care (13%)
- Used bundled or capitated payments (12%)
- Partnered with a management services organization (4%)
- Engaged in other strategic partnerships or relationships (19%)
- Engaged in other strategies (7%)

**Culture Change:** LeadingAge members exceed the national averages for complete and partial adoption of culture change. Most LeadingAge nursing homes reported at least partial involvement in nursing home culture change (92%), compared with 84% of nursing homes nationwide. Only 8% of LeadingAge members described their nursing homes as “traditional,” compared with 15% of nursing homes nationwide.<sup>8</sup> Among LeadingAge nursing homes implementing culture change, 21% have fully implemented culture change in all areas of the organization, more than the national average (**Figure 5**).



Figure 5

### Culture Change Adoption by LeadingAge Members versus Nursing Homes Nationwide



LeadingAge members were most likely to have implemented resident-centered care, and least likely to have implemented staff empowerment practices.

**Collaborations:** LeadingAge members increasingly rely on partnerships to expand their capacity to deliver services and supports. For example, almost a third of LeadingAge HCBS providers (30%) reported partnering with a housing provider, most likely as a way to offer services more efficiently to a fixed client base.

Housing providers also reported a high degree of collaboration with health care entities. A clear majority of respondents across all rental types reported collaborating with home health agencies, hospitals and primary care practices.

- Market-rate housing providers most often collaborate with a home health agency.
- Affordable housing providers most often collaborate with primary care practices.
- Market-rate providers most often collaborate with hospitals.

### (Endnotes)

- 1 Harris-Kojetin L., Sengupta, M., Park-Lee, E, et al. Long-term providers and service users in the United States: Data from the National Study of Long-Term Care Providers. 2013-2014. National Center for Health Statistics. Vital Health Stat 3(38). 2016.
- 2 Ibid.
- 3 Ibid.
- 4 Ibid.
- 5 NHPCO Facts and Figures: Hospice Care in America. Alexandria, VA: National Hospice and Palliative Care Organization, September 2015.
- 6 Op. cit. Harris-Kojetin L., et al.
- 7 Ibid.
- 8 Miller, S., Looze, J. Shield, R. et al. Culture Change Practice in U.S. Nursing Homes: Prevalence and Variation by State Medicaid Reimbursement Policies. *Gerontologist* (2013) 54 (3): 434-445.