



Fact Sheet North Dakota Long-term Care

Terms to Know

Aging in Place — refers to living where you have lived for many years, or to live in a nonhealth care environment, and using products, services and conveniences so you do not have to move as circumstances change. Some 70 percent of seniors spend the rest of their life in the place where they celebrated their 65th birthday (www.seniorresource.com).

Continuing-care Retirement Communities — offer the chance to age in place, but first you must move to their community to “start aging.” Multilevel campuses include independent living, assisted living, and perhaps Alzheimer’s care and skilled nursing in one location.

ECHO (Elder Cottage Housing Opportunities) — a housing unit that is a separate, small manufactured home added on the side or in the backyard of a single-family house — usually an adult child’s house. Older parents then can live near their children but not with them.

Sandwich generation — also called the “generational squeeze.” It is the situation in which middle-aged adults are responsible for simultaneously meeting the needs of their own dependent children and those of their aging and frail parents.

Club sandwich generation — also called the “triple decker generation.” They are people who provide care for parents, children and grandchildren. The American Association of Retired Persons estimates that 11 percent of grandparents above the age of 50 are helping care for their grandchildren.

Rubber band generation — family members who stretch caregiving across the miles and travel several hours each way so that elderly or ailing relatives can remain in their own setting. More than 7 million family members in the U.S. are doing this caregiving across the miles.

Durable power of attorney — an instrument that gives a family member legal authority to handle a parent’s financial transactions.

Durable power of attorney for health care — sometimes known as a health care proxy or directive to make medical decisions on behalf of a relative who becomes incapacitated.

Living trust — spells out how older people want their affairs to be handled and holds the agent (i.e., adult child) legally accountable for carrying out those wishes. It can direct an easy transfer of authority over the trust assets from the parent to a successor trustee in a crisis situation.

Reverse mortgage — is a loan against your home that you do not have to pay back until you die, sell your home or permanently move out of your home. It can be paid to you all at once, as a regular monthly advance, or at times and in amounts that you choose. To be eligible for most reverse mortgages, you must own your home and be 62 years of age or older.

Long-term care insurance — is a costly form of disability insurance to help take care of you when you’re old, including home-health services, adult day-care centers, assisted-living facilities or nursing homes. You must keep paying on your policy to keep it in force.

Medicare — federal health care program for the elderly. It does not cover long-term care expenses except for some limited home-health care coverage and very limited skilled nursing home care if you have been hospitalized for three days prior to needing skilled care (20 days of full coverage, then co-payment for up to 100 days).

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Medicaid — Medicaid is a need-based state/federally funded program that does pay for home, community and skilled nursing care. Income and asset rules must be followed. Healthy spouses are protected from poverty when a spouse is in a nursing home.

Ombudsman (nursing home) — An ombudsman is a person who visits nursing home and rest home residents to enhance the quality of their lives by hearing and resolving their complaints and advocating for their rights.

Five percent fallacy — Among all people over 65, only 5 percent are in nursing homes at a single point in time. However, this understates the importance of nursing homes in the lives of the very old. The percentage of people over the age of 65 who will spend some time in a nursing home before they die is up to 40 percent.

Aging in America

- According to the U.S. Census Bureau, the over-85 population is the fastest growing segment of the U.S. population, and is growing six times faster than the rest of the population.
- Every eight seconds a baby boomer turns 50.

Aging in North Dakota

- North Dakota has the smallest relative growth of all 50 states (1990-2000, population growth was 0.5 percent). During this same time, our older population over age 85 grew 31 percent. The fastest growing age group in North Dakota is those 85 years of age and older. This age category is projected to increase by nearly two-thirds between 2000 and 2020 (NDLTCA, 2005).
- North Dakota has one of the highest percentages of older people in the nation. In 2000, older individuals, 60 and older, numbered 118,985, or 18.5 percent of the state's total population. In the year 2015, the projections are that 168,978, or 26 percent, of North Dakota's population will be age 60 or older.
- Currently, 90 percent of the North Dakota's resources for long-term care go to nursing home care and 10 percent go to home care. The 2005 North Dakota Legislature passed an increase of 2.65 percent per year in reimbursement amounts for qualified services providers (QSP — people who provide in-home care), after four years of no increase at all.

Long-term Care

- Long-term care includes a range of services for people who have functional limitations or chronic health conditions. Their needs include subacute, rehabilitative, medical skilled nursing, supervision and support services. Long-term care services are provided in a variety of settings, including nursing facilities, basic care, assisted living, hospitals (subacute and swing bed), adult day care, adult foster care, and home- and community-based settings. Assistance with routine personal needs, such as bathing, dressing, eating, toileting and taking medicine, is the most common long-term care service.

Who Will Need Long-term Care in North Dakota?

- Two of every five North Dakotans will need long-term care sometime in their lives.
- Top three indicators for needing a nursing home are being a woman, age 85 or older and living alone. The No. 1 reason a person enters a nursing home is loss of a caregiver or breakdown of the informal support system. Family and friends become exhausted and simply cannot continue to deliver or arrange for needed services.
- At age 75, 60 percent of individuals are living alone.
- North Dakota has 22,406 women over the age of 65 and living alone.
- North Dakota has 5,040 women age 85 and older living alone. This compares with 739 men 85 and older living alone.
- The need for personal assistance with everyday activities increases with age.
- Spouses provide the greatest proportion of long-term care to elderly living in the community.
- The majority of the elderly are active, healthy, contributing members of society who want to maintain their independence. All want choices and options should they need long-term care.

Informal Caregiving

- Informal caregivers are family, friends and neighbors who take on the responsibilities of meeting the needs of an elderly loved one, often unpaid.
- Today, at least 1 million adults provide direct physical and medical care to their parents. All indications are that these shifting patterns of involvement and care will increase in the years to come (Gubrium, 1991).

- As the elderly population in America continues to rise, caregivers are the first line of support in overseeing the health and personal concerns of the elderly.
- Without the support of family and friends, the cost of health care for the elderly would skyrocket.
- Married individuals first will turn to a spouse for assistance in time of need. In the absence of a spouse, adult children are the next choice, followed by siblings, more distant relatives and finally, neighbors and friends (Penning, 1990).
- Wives, daughters and daughters-in-law are the most common female caregivers, and husbands are the most common male caregiver, followed distantly by sons (Aneshensel, et al., 1995).
- Never married and widowed daughters were found to provide the greatest proportion of care that a frail older parent needed (Brody, et al., 1994).
- The demands of caregiving can tax even the closest of parent-child relationships. Stress and tension among family members are common, but in spite of this, adult children generally feel that caregiving is the right and proper thing to do (Troll and Smith, 1976).

Home-health Care Services

- Include skilled nursing care; speech, physical or occupational therapy; home-health aides; or help from homemakers. Sometimes family members, or "caregivers," provide most of the care with the help of home aides and skilled professionals.
- Average cost of care (U.S.):
 - Home-health aide: \$15 to 18 an hour
 - Visiting nurse: \$100 per visit
- If your family member is homebound and needs skilled care, Medicare may pick up the cost (for details, go to www.medicare.gov).
- Eldercare Locator Services - puts people in touch with local services that provide transportation or hot meals, or volunteers who check in periodically with elderly clients in person or by telephone.
- Chore Agencies - Home Instead Senior Care, a franchise business that provides nonmedical care services and has offices in 45 states. Web site information: www.homeinstead.com
- Volunteer Help - good Samaritans are available through faith-based groups such as the Faith in Action network, RSVP (Retired Senior Volunteer Program) and the United Way "Day of Caring."

Adult Day-care Services

- Adult day-care services are available in many communities, providing personal care, skilled care and recreational services. Average U.S. cost is \$60+ a day.

Assisted Living

- Assisted-living or residential-care facilities provide general supervision; housekeeping services; medical monitoring; and planned social, recreational and spiritual activities for people who still are independent and ambulatory. Assisted-living facilities do not provide medical care. Assisted living largely is in a private-pay setting; 67 percent in North Dakota are nonprofit.
- North Dakota has 47 licensed assisted-living facilities.
- The average cost for basic rent in an assisted-living facility in North Dakota is \$1,310 per month (\$15,720 yearly).
- The average cost for basic services in an assisted-living facility is \$607 per month (\$7,284 yearly).
- Designed to accommodate each resident's changing needs and preferences.

Basic Care

- Basic-care services include room, meals, medication administration, 24-hour supervision and support, activities, nursing assessment and care planning.
- The top two reasons an individual will enter basic care is the need for medication administration and 24-hour supervision.
- The purpose of basic care is to help residents maintain their current level of independence and strive to improve their overall health.
- North Dakota has 55 basic-care facilities.
- North Dakota has 1,603 licensed basic-care beds; 84 percent are occupied
- The average cost for a single day of basic care is \$57.73 (or \$21,071 yearly).
- Basic care is the most cost effective level of care for residents who need constant supervision but not 24-hour nursing care.

Nursing Homes

- Nursing homes are the primary settings for people who require medical care daily or intermittently. You need a physician to specify needed services in a written treatment plan for admission to a nursing home. Many nursing home stays are short periods of recuperation from an acute medical episode, such as a hip fracture or surgery.
- North Dakota has 83 nursing facilities and will spend about \$174 million in 2005 to care for residents.
- Average cost for a single day of nursing facility care is \$144.48 (or \$52,735 yearly).
- Nursing facilities provide 24-hour skilled nursing care to medically complex individuals.
- On Jan. 1, 2005, North Dakota had 6,481 licensed nursing facility beds; 94.6 percent are occupied.
- Women represent 68 percent of the nursing home population.
- Average age of a nursing home resident is 83.
- Today, 56 percent of nursing facility residents receive Medicaid to help pay for their care.
- For a 12-month period ending June 20, 2004, with 80 out of 80 nursing facilities reporting, the average length of stay was 96 days. The range of average length of stay was 16 days to 210 days (NDLTCA, 2005).
- Nationally, nearly 90 percent of all people over age 65 who enter a nursing home stay less than five years. The average length of time for current residents is 2½ years.

Adult Family Foster Care

- Adult foster care is a licensed family setting for adults who are unable to live alone because of physical, emotional or developmental impairments. The home provides 24-hour care for no more than four (in North Dakota) functionally impaired residents. Residents receive meals, support, supervision and assistance with personal care and living skills as needed. Payment is either private pay by resident or made to providers set by the state. Some facilities provide elder care only. Licensed through county social services' adult family foster care programs. Most are private payment in North Dakota. Rates range from \$1,500 to \$3,000 monthly in North Dakota.

Long-term Care Insurance

- Consider a plan if, by about age 55, you have a chronic medical condition that you and your doctor believe eventually could require nursing home care.
- Consider a plan if your assets are between \$200,000 and \$1.5 million, and you must protect them for a spouse or relatives.
- Consider a plan if you have no willing or available family member to care for you.
- Skip buying a plan if your net worth is less than \$200,000. Medicaid will pick up the bills after you exhaust your funds. Depending on the state, spouses may be allowed to keep some assets and their own income up to a specified limit, and also to remain in the family home.
- Skip buying a plan if your assets exceed \$1.5 million. You will be able to afford to pay for your own care.
- Skip buying a plan if you can't afford the premiums for the necessary coverage.
- Consider buying at about age 65 unless you have a chronic condition, such as diabetes, that could prove incapacitating over time; then consider buying it at about age 55 or 60.
- Look for a strong insurer from which to buy a policy. Check online ratings from www.moody's.com, www.standardandpoors.com or www.weissratings.com.
- Buy a flexible plan. Choose a policy requiring that a person be unable to perform no more than two activities of daily living.
- A good policy will cover care not only in nursing homes but also in assisted-living facilities.
- A four-year benefit plan should be sufficient.
- Make sure the policy will cover future costs; call several nursing homes in the area where you are likely to be living and make sure that the benefit amount will cover their charges.
- For most people, long-term care insurance is too risky and too expensive.
- Less than 10 percent of the U.S. population has purchased long-term care insurance.