Key Issues Related to the Cost of Care

- Medicare Population Is Growing Rapidly (Baby Boomers & Medical Interventions)
- Seniors are Living Longer But With Greater Frailty (https://www.prb.org/aging/)
 - HHS Estimates 52% of Seniors 65+ will require Long-Term Care Services
 - Impairment with Activities of Daily Living (ADLs)
 - Severe cognitive impairment (Alzheimer's or other dementia)
- Many Seniors & Their Families Default to Institutional Care
 - Nursing Home Care is a Medicare / Medicaid Entitlement
 - Growth from 1.3 million in 2010 to 2.3 million in 2030 (https://www.prb.org/aging/)
 - Nursing Home care is the most expensive Long-Term Care
 - Medicare Limits Access to an Affordable Alternative to Institutional Care

Presenting the Evidence/Cost of Care

	2018 National Median			204.4	_
(Source: Genworth Cost of Care Study)	Daily	Monthly	Annual	2014 MEDIAN ANNUAL RATE	5-YEAR ANNUAL GROWTH
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Homemaker	\$132	\$4,004	\$48,048	\$43,472	3%
Home Health Aide	\$138	\$4,195	\$50,336	\$45,188	3%
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Adult Day Services	\$72	\$1,560	\$18,720	\$16,900	2%
Assisted Living	\$132	\$4,000	\$48,000	\$42,000	3%
(1 Bedroom Single)					
Nursing Home (Semi-Private	\$245	\$7,441	\$89,297	\$77,380	3%
Nursing Home (Private)	\$275	\$8,365	\$100,376	\$97,455	4%

The Adult Day Health Care Solution

- Modernize Medicare with Adult Day Health Care v. Institutional Care
 - Leverages Family Care and Assets to Provide a Skilled Nursing Facility (SNF)
 Level of Care in a Home and Community Based Setting (HCBS)
 - Provides Medicare / Medicaid Cost Avoidance at a Ratio of nearly 5:1 v SNF and 2.5:1 v Assisted Living (See previous table of Genworth statistics)
 - Lengthens Period of Spend Down Before Requiring Medicaid Support
- If Avoiding Cost in Medicare While Continuing to Provide Quality Service Makes Sense to You, Will You:
 - Introduce Legislation to Authorize ADHC as a Medicare Benefit Choice in Lieu of Institutional Care
 - Designate a Member of Your Staff to Work With Us