

FOCUS ON: Long-Term Care Issued May 1993

LICENSED BOARD AND CARE HOMES: PRELIMINARY FINDINGS FROM THE 1991 NATIONAL HEALTH PROVIDER INVENTORY

Background

For this report, board and care homes are non-medical community-based facilities that provide at least two meals a day and/or routine protective oversight to one or more residents with limitations in two or more daily living activities. Locally, these facilities go by many names such as group homes, domiciliary care homes and similar terms. There is enormous variation among these homes in size, resident mix, daily charges and services. Similarly, the amount, type and extent of board and care regulation varies greatly at the State level (Lewin/ICF, 1990; Hawes et al., 1992).

The Federal role in board and care regulation is primarily defined by the 1976 Keys Amendment. Substandard homes are subject to having the Federal Supplemental Security Income (SSI) payments reduced "by the amount of the State supplement paid to SSI recipients for 'medical or remedial care" (U.S. General Accounting Office, 1989:34). Such a sanction is widely seen as virtually unworkable in practice and has never been enforced.

The development of policy options regarding board and care has been hampered by the lack of good national data on the industry. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) with additional support from the National Institute on Aging (NIA) funded the inclusion of licensed board and care homes in the 1991 National Health Provider Inventory (NHPI).

National Health Provider Inventory

The 1991 NHPI consists of basic information about providers of long-term care services, including licensed board and care homes. As a national inventory, it is large enough to serve as a sampling frame for future

sample surveys of board and care homes. While its coverage is extensive, the NHPI does not include all licensed board and care homes. Because of budget constraints, the Census Bureau, which carried out the data collection for the National Center for Health Statistics, was not able to reach an estimated 10-15% of these homes. The remaining 85-90% constitute the most complete data base so far assembled. Estimates of the number of homes will vary with the method used in defining them.

The data we present are unweighted. However, it is not likely that findings based on final weighted estimates will be significantly different, given the extent of NHPI coverage.

TABLE 1: LICENSED BOARD AND CARE HOMES BY OWNERSHIP: USA (1991)			
	Number	Percent	
For-profit	17,887	63.5	
Non-profit	8,484	30.1	
Local Government	617	22	
State Government	794	28	
Federal Government	162	0.6	
Not Reported	244	0.9	
Tctal	28,168	100.0	
Source: 1991 NHPI			

Finally, there are also an unknown number of unlicensed board and care homes not included in the NHPI. In most States, these tend to be smaller homes (with one to six residents, depending on the State licensing requirements). Some observers think that this is the fastest growing segment of the board and care industry.

Findings

An estimated 28,188 licensed board and care homes are on the NHPI. Over 90% are in the private sector, either for-profit or non-profit. Over three out of five homes (63.5%) are run on a for-profit basis. (See Table 1.)

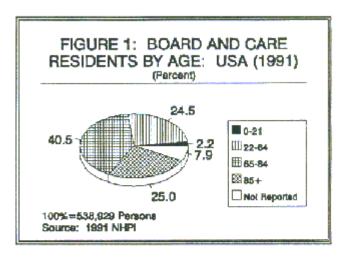
TABLE 2: LICENSED BOARD AND CARE HOMES BY CLIENTELE: USA (1991)				
	Number	Percent		
MR/DD	8,898	31.6		
Mentally III	3,872	13.7		
Other Physically/Cognitively Impaired	5,086	18.0		
Alcohol or Drug Abusers	56	0.2		
Other or No Primery Type	8,956	31.8		
Not Reported	1,320	4.7		
Total	28,188	100.0		
Source: 1991 NHPI				

Of licensed board and care homes about 32 percent serve primarily the mentally retarded/developmentally disabled (MR/DD) population. About the same percentage serve a varied disabled population. The remainder serve the mentally ill (13.7%), other physically or cognitively impaired persons (18.0%), alcohol or drug abusers (0.2%), or did not report their primary clientele (4.7%). (See Table 2).

Licensed board and care homes serve over 500,000 persons. (See Figure 1.) It has long been held that the majority of board and care residents are elderly. The NHPI data bear out this belief. Nearly two-thirds of all board and care residents (64.5%) are age 65 or over. Fully a quarter are age 85 or over. Nearly two-thirds of board and care residents are female (64.8%).

Summary and Conclusion

The 1991 National Health Provider Inventory provides the first opportunity to examine the nation's board and care industry. Preliminary findings indicate that there were about 30,000 licensed board and care homes in 1991, serving over half a million persons. Nearly two-thirds of these persons are elderly and nearly two-thirds are



female. The oldest old (persons age 85 or over) make up over a quarter of the board and care resident population. The 1991 NHPI data confirm that the board and care industry plays a significant role in the housing and care of the frail elderly and other functionally disabled populations.

References

American Association for Retired Persons, <u>The Board and Care System: A Regulatory Jungle.</u> Washington, D.C.: AARP, 1989.
 Dittmar, Nancy D. et al., <u>Board and Care for Elderly and Mentally Disabled Populations.</u> Denver, CO: Denver Research Institute, March 1983. DHEW Contract 100-79-0117.

Hawes, C., J. Wildlire, and L. Lux, <u>Board and Care: National Summary of a Fifty State Survey</u>. Washington, DC: AARP, 1992.

*Lewin/ICF and James Bell Associates, <u>Descriptions and Supplemental Information on Board and Care Homes Included in the Update of the National Health Provider Inventory.</u> Washington, DC: Lewin/ICF, August 1990. Contract No. HHS-100-86-0051.

McCoy, John L. and Ronald W. Conley, "Surveying Board and Care Homes: Issues and Data Collection Problems." <u>The</u> <u>Gerontologist</u>, April 1990, 30(2):147-153.

Moon, M., G. Gaberlavage, and S. Newman, eds., <u>Preserving Independence</u>, Supporting Needs: The Role of Board and Care Homes. Washington, DC: AARP, 1989.

U.S. Department of Health and Human Services, Office of the Inspector General, <u>Board and Care</u>. Washington, DC: OIG, March 1990. Report OEI-02-89-01860.

U.S. General Accounting Office, <u>Board and Care: Insufficient</u> <u>Assurances that Residents' Needs are Being Met.</u> Washington, DC: USGAO, 1989, Report No. GAO/HRD-89-50.

U.S. House of Representatives, Select Committee on Aging, Board and Care Homes in America: A National Tragedy. Washington, DC: U.S.GAO, 1989. Comm. Pub. 101-711.

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