

# J.P. Morgan 2022 Healthcare Conference

January 2022



## G R O U P

### *Our Culture:*

*With an unwavering commitment to integrity, quality, professionalism, and compassion, we make healthcare work better for the patients, families, and communities we are privileged to serve. It's all about helping people.*

# FORWARD-LOOKING STATEMENTS

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Nasdaq: LHCG

Please visit the Investors section on our website at [Investor.LHCgroup.com](http://Investor.LHCgroup.com) for additional information on LHC Group and the industry.

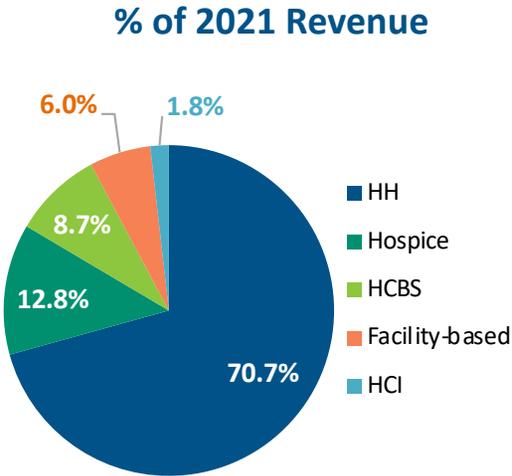
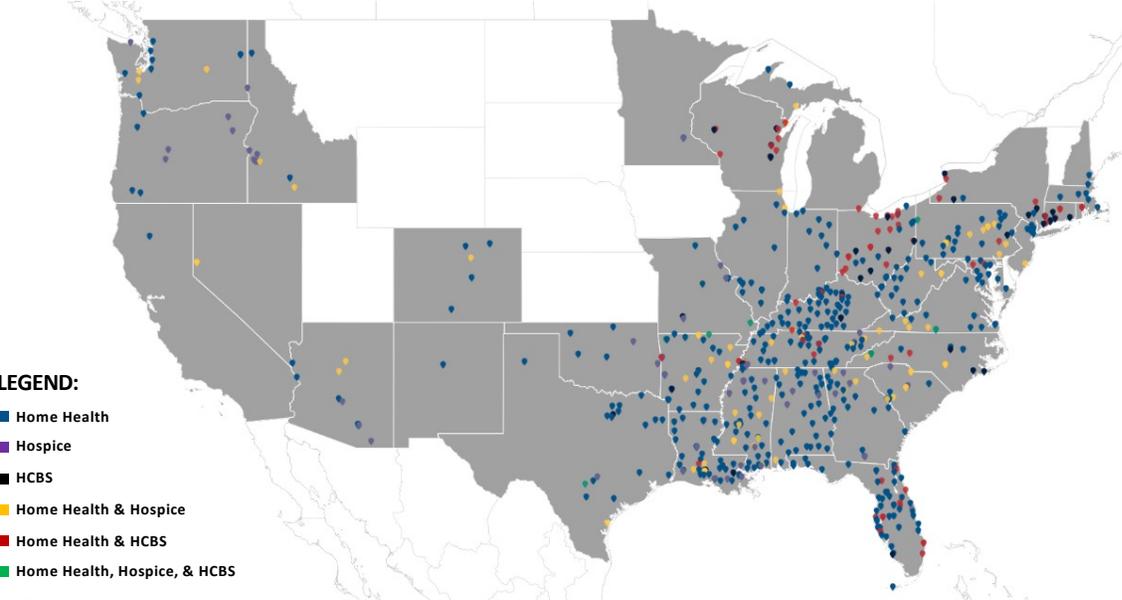
This presentation contains “forward-looking statements” (as defined in the Securities Litigation Reform Act of 1995) regarding, among other things, future events or the future financial performance of the Company. Words such as “anticipate,” “expect,” “project,” “intend,” “believe,” “will,” “estimate,” “may,” “could,” “should,” “outlook,” and “guidance” and words and terms of similar substance used in connection with any discussion of future plans, actions, events or results identify forward-looking statements.

Forward-looking statements are based on information currently available to the Company and involve estimates, expectations and projections. Investors are cautioned that all such forward-looking statements are subject to risks and uncertainties that could cause actual events or results to differ materially from the events or results described in the forward-looking statements, including, but not limited to, the risks and uncertainties related to the COVID-19 pandemic and those otherwise described in our filings with the Securities and Exchange Commission, including our most recent Annual Report on Form 10-K and subsequent Quarterly Reports on Form 10-Q and Current Reports on Form 8-K. Many of these risks, uncertainties and assumptions are beyond the Company’s ability to control or predict. Because of these risks, uncertainties and assumptions, investors should not place undue reliance on these forward-looking statements.

## **Non-GAAP Financial Information**

This presentation includes certain financial measures that were not prepared in accordance with U.S. generally accepted accounting principles (“GAAP”), including EBITDA and Adjusted EBITDA. The company uses these non-GAAP financial measures in operating its business because management believes they are less susceptible to variances in actual operating performance that can result from the excluded items. The company presents these financial measures to investors because they believe they are useful to investors in evaluating the primary factors that drive the company’s operating performance. The items excluded from these non-GAAP measures are important in understanding LHC Group’s financial performance, and any non-GAAP measures presented should not be considered in isolation of, or as an alternative to, GAAP financial measures. Since these non-GAAP financial measures are not measures determined in accordance with GAAP, have no standardized meaning prescribed by GAAP and are susceptible to varying calculations, these measures, as presented, may not be comparable to other similarly titled measures of other companies. EBITDA of LHC Group is defined as net income (loss) before income tax benefit (expense), interest expense, and depreciation and amortization expense. Adjusted EBITDA of LHC Group is defined as net income (loss) before income tax expense benefit (expense), depreciation and amortization expense, and transaction costs related to previous transactions.

# LHC GROUP OVERVIEW AS OF NOVEMBER 1, 2021



**556**  
home health locations

**167**  
hospice locations

**130**  
home & community based services locations

**12**  
long term acute care hospital locations

**52**  
other service locations

**435**  
leading hospital JV partners

**60%**  
of the U.S. population aged 65+ included in service area  
*(37 states & the District of Columbia)*

**12M+**  
annual patient encounters

**3,600**  
referral hospitals

**64,000**  
referral physicians

# Proven Growth Strategy Built for Future of In-Home Healthcare

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## In Demand by Patients, Partners & Payors

- ✓ Home health in front of industry tailwinds with transition to value-based reimbursement and visibility on the reimbursement landscape
- ✓ Preferred setting for lower cost-of-care and higher quality proven out through COVID-19 and ability to treat higher acuity patients

## Leadership Having Positive Impact on Care & Value Proposition

- ✓ Exceptional execution of PDGM care and operational models promoted swift, comprehensive approach to COVID-19 and real-time demonstration of value proposition to partners, payors and patients
- ✓ ACO management, managed care initiatives and favorable regulatory environment for partnerships complement leadership in clinical quality

## Accelerated Growth with Multiple Levers

- ✓ Sequential organic growth fed by clinical quality, unique referrals leading to incremental market share gains complemented by co-location strategy
- ✓ Continued momentum of growth from existing and potential JV partners and acquisitions fueled by strong balance sheet

## Consolidation Opportunity in a Highly Fragmented Market

- ✓ Multi-faceted M&A pipeline reflects growth in hospice, home health, HCBS and joint ventures
- ✓ Proven track record of leveraging national scale to capture organic market share and executing M&A strategy to accelerate inorganic growth

# Most Appropriate and Cost-Effective Setting of Care

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- **65+** population in U.S. **expected to nearly double** by 2060 to **95 million**
- **Stable to increasing** reimbursement rates
- **Transition to valued-based reimbursement** and highly coordinated care greatly benefits in home care
- Risk bearing entities are **looking to us for post acute cost and care management**
- **Quality scores** are driving strong organic growth, higher reimbursement tied to those scores, bonus payments and market share gains

# Favorable Legislation and Policies on Home Care

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- Choose Home Care Act of 2021 allows Medicare seniors to choose to recover at home as opposed to an in-patient healthcare facility after a hospitalization and who meet the eligibility for Skilled Nursing Facility (SNF).
  - Senate bill (S-2562) has bipartisan support and now 15 additional co-sponsors from both parties and committees of healthcare and aging jurisdictions.
  - House bill (HR5514) has bipartisan support with 25 co-sponsors now from both parties and House committees of healthcare jurisdiction.
  - Bill has been sent to CBO (Congressional Budget Office) for scoring/review of budget implications and for consideration in a legislative vehicle this Congress. It has also been received by CMS for technical advice to Congress.
- Mandatory PAY-GO 4% cut (as a result of American Rescue Plan Act 2021) delayed until 2023.
- On October 18, Sec. of Health and Human Services Becerra signed an Administrative Order extending the declaration of the Public Health Emergency for an additional 90 days through January 16, 2022, thereby extending significant flexibilities for the provision of home health services previously afforded administratively.
  - Flexibilities including telehealth and remote patient certifications.
  - Extends the suspension of site neutral payment for LTCHs.
  - Sequestration suspension of mandated 2% cut through March 31, 2022.
- Home Health Final Rule for FY22 posted on November 2, 2021:
  - No cuts for 2022 and an aggregate increase of payment rates of 2.5% (\$445 million) which includes a decrease in payments due to reduction in rural add-on payments mandated by BBA 2018. (The payment update is based on a 3.1% market basket, reduced by 0.5% productivity adjustment or a net of 2.6% this is further reduced by 0.1% for the reduction in rural add-on percentages for a net of 2.5%.) The 2022 national standardized 30-day payment will be \$2,031.64 versus the \$1,901.12 from 2021.
  - The rule includes a proposal to expand nationally the Home Health Value Based Payment demonstration from 9 states to all 50 states and territories beginning Jan. 1, 2023, with a baseline year of 2019 and an initial performance year of 2023. The rule provides for a maximum payment adjustment of plus or minus 5% reflected in 2025 payments.
  - Hospice survey and enforcement: Based on the Consolidated Appropriations Act of 2021 (passed late Dec. 2020) the rule proposes changes to hospice survey and enforcement actions to address oversight and consistency in survey process.

# Unprecedented Support for Home Care

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- Americans clearly prefer to recover in-home rather than in an inpatient setting
  - 64% choose to recover either in-home or in a friend or family member's home
  - 68% of seniors 65+ prefer to recover in-home options vs. an inpatient facility
- There is substantial trust for the quality of care in an in-home setting
  - Healthcare decision makers (aged 35-49) assign a trust rating of 95% to in-home vs. 94% for hospitals and 87% for inpatient facility
  - Age 65+ assign a trust rating of 80% to in-home vs. 84% for hospitals and 66% for inpatient facility
- An overwhelming majority of Americans support expanding Medicare for home health purposes
  - 72% support Congress expanding Medicare vs. 9% in opposition
- Doctor's referral and scores demonstrating patient satisfaction are the most important factors when choosing in-home healthcare
  - Among 35+, doctor's referral (64%) patient satisfaction scores (45%) outweigh insurance recommendations (39%) and ratings from government bodies (30%)

*"The Biden-Harris administration recognizes the value and dignity that come with access to home- and community-based services. Thanks to the American Rescue Plan, we can support states working to expand access to home- and community-based services for Medicaid beneficiaries."* **Xavier Becerra**, Secretary of U.S. Department of Health and Human Services (10.21.21)

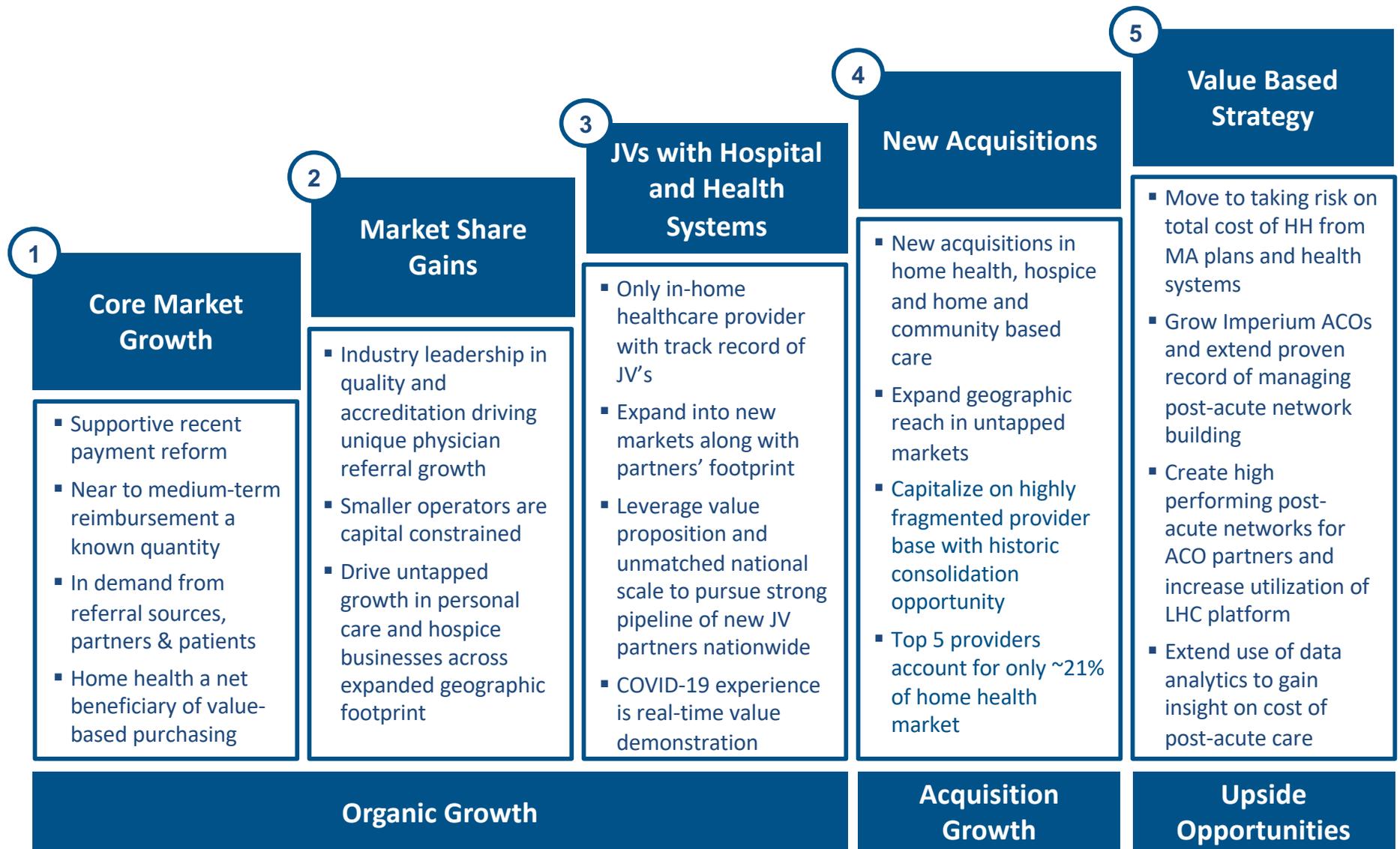
*"We want to design models that give providers those tools that enable the delivery of integrated, whole-person care in the settings beneficiaries prefer, such as in the home or community."* **Purva Rawal**, Chief Strategy Officer for U.S. Centers for Medicare & Medicaid Services (10.20.21)

*"We're going to expand services for seniors in the home and for families to help them take care of their parents at home. It's a matter of dignity and pride they want to live at home independently and for millions of Americans this is the most important issue they are facing."* **President Joe Biden** (10.28.21)

# DIFFERENTIATED STRATEGIES

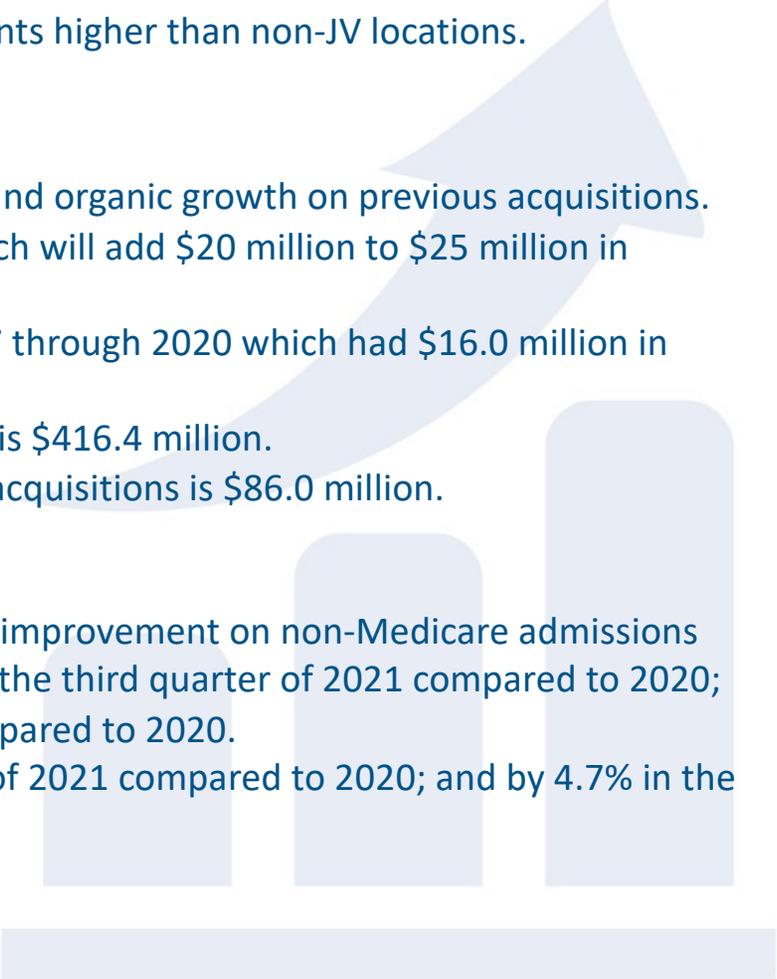
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# MULTIPLE ORGANIC AND INORGANIC GROWTH LEVRS



# DIFFERENTIATED STRATEGY LEADING TO QUALITY GROWTH

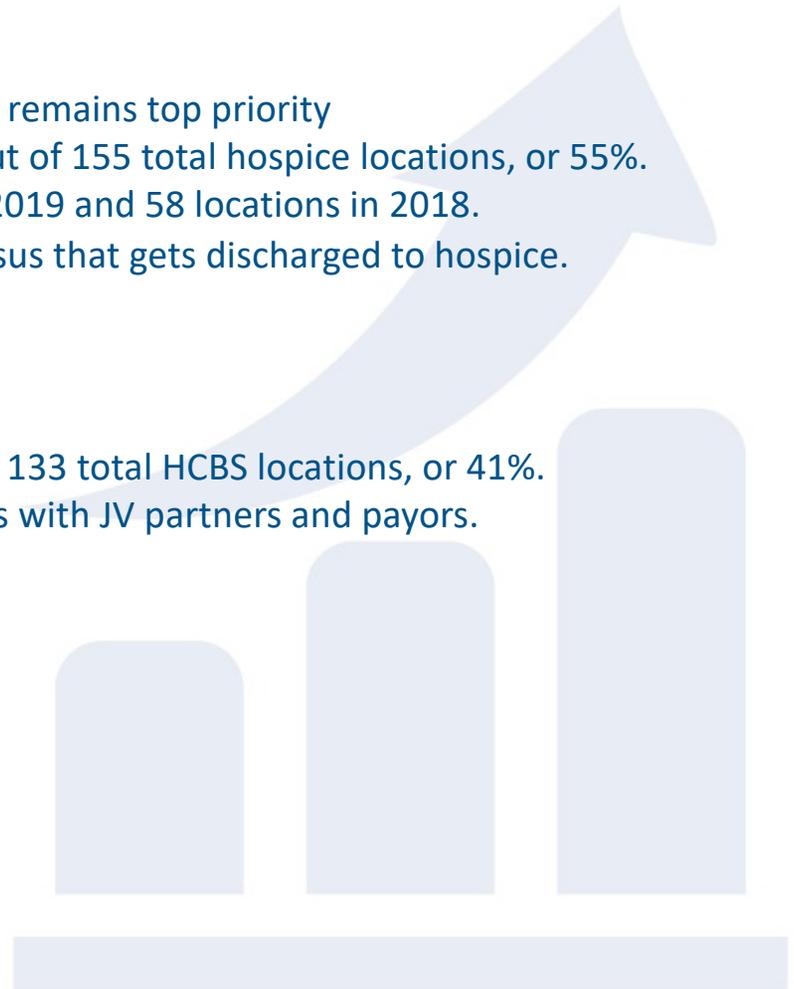
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- Joint ventures drive organic growth and margin improvement
    - Same store growth for JV locations averaged 200 basis points higher than non-JV locations for the years 2016-2019.
    - Revenue growth rate for JVs average 10% to 15% in year 2 and 3.
    - Margins for JV locations average 100 to 200 basis points higher than non-JV locations.
  - Continued focus on inorganic growth through acquisitions and organic growth on previous acquisitions.
    - Acquired \$300 million in annual revenue in 2021 which will add \$20 million to \$25 million in EBITDA to 2022
    - Acquired \$369.6 million in annual revenue from 2017 through 2020 which had \$16.0 million in contribution margin
      - 2021 estimated revenue on these acquisitions is \$416.4 million.
      - 2021 estimated contribution margin on these acquisitions is \$86.0 million.
  - Continued focus on growth in episodic admissions and rate improvement on non-Medicare admissions
    - Non-Medicare episodic admissions grew by 12.7% in the third quarter of 2021 compared to 2020; and by 23.2% in the first nine months of 2021 as compared to 2020.
    - Rate-per-visit improved by 4.1% in the third quarter of 2021 compared to 2020; and by 4.7% in the first nine months of 2021 as compared to 2020.
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## DIFFERENTIATED STRATEGY LEADING TO QUALITY GROWTH *CONTINUED*

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- Continued focus on quality and patient satisfaction to drive higher referrals
  - Increased new home health physician referral sources by 22.0% in 2020 over 2019; by 23.0% in the first nine months of 2021 as compared to 2020 and by 4.3% in Q3 of 2021.
- Untapped growth in home health and hospice co-locations remains top priority
  - 86 hospice locations co-located with home health out of 155 total hospice locations, or 55%.
    - Up from 77 locations in 2020, 63 locations in 2019 and 58 locations in 2018.
  - Currently averaging 15% to 16% of home health census that gets discharged to hospice.
- Continue with strategic rollout strategy for HCBS
  - 55 HCBS locations co-located with home health out of 133 total HCBS locations, or 41%.
  - Grow HCBS in markets with value-based arrangements with JV partners and payors.



## M&A ACTIVITY SETS THE STAGE FOR 2022 GROWTH

Acquisition/Joint Venture	Partner	State	Date Closed/ Estimated Close	Locations	Annual Revenue
Grace Hospice	N/A	Oklahoma	1/1/2021	1	\$12,100,000
East Valley Hospice	N/A	Arizona	1/1/2021	1	\$4,800,000
Regent Home Health	THR/Methodist	Texas	6/1/2021	1	\$630,000
Community Home Care Based Services	N/A	Texas	6/1/2021	1	\$600,000
Casa de la Luz Hospice	N/A	Arizona	7/1/2021	1	\$23,000,000
Heart 'n Home Hospice	N/A	Idaho/Oregon	7/1/2021	6	\$20,000,000
Cavalier Home Health	N/A	Virginia	8/1/2021	1	\$5,700,000
MSA Hospice	N/A	Indiana	8/1/2021	1	\$1,200,000
Ashley County Home Health	N/A	Arkansas	8/1/2021	1	\$1,200,000
Heart of Hospice	N/A	AR/LA/MS/OK/SC	9/1/2021	16	\$92,500,000
Freda H. Gordon Hospice and Palliative Care	N/A	Virginia	10/1/2021	1	\$4,000,000
Generations Home Health	N/A	Virginia	10/1/2021	1	\$3,400,000
HCA Healthcare/Brookdale Health Care Services	N/A	22 in Total	11/1/2021	47	\$130,000,000
<b>YTD total TTM acquired revenue in 2021</b>				<b>79</b>	<b><u>\$299,130,000</u></b>

The acquired annual revenue of approximately \$300 million for 2021 would contribute in the range of \$20 million to \$25 million in EBITDA to 2022.

# Incremental Growth on Acquired Revenue from 2017 - 2020

	Acquired Revenue					2021 Estimated Revenue				
	2017	2018	2019	2020	Total	2017	2018	2019	2020	Total
HH	\$ 92,427,755	\$ 34,515,185	\$ 69,390,887	\$ 27,683,700	\$ 224,017,528	\$ 121,808,584	\$ 41,437,951	\$ 66,045,381	\$ 25,347,602	\$ 254,639,517
Hospice	\$ 35,717,426	\$ 4,777,209	\$ 16,511,440	\$ 24,107,906	\$ 81,113,981	\$ 56,858,115	\$ 2,819,331	\$ 16,710,647	\$ 23,672,680	\$ 100,060,774
HCBS	\$ 16,495,248	\$ 1,414,819	\$ 2,278,475	\$ 4,414,806	\$ 24,603,348	\$ 11,797,855	\$ 1,674,198	\$ 2,185,413	\$ 3,996,082	\$ 19,653,549
Other	\$ 36,750,258	\$ -	\$ 2,922,529	\$ 200,000	\$ 39,872,787	\$ 35,617,009	\$ -	\$ 13,595,777	\$ 394,245	\$ 49,607,032
<b>Total</b>	<b>\$ 181,390,687</b>	<b>\$ 40,707,213</b>	<b>\$ 91,103,331</b>	<b>\$ 56,406,412</b>	<b>\$ 369,607,643</b>	<b>\$ 226,081,563</b>	<b>\$ 45,931,480</b>	<b>\$ 98,537,219</b>	<b>\$ 53,410,610</b>	<b>\$ 423,960,871</b>

<b>Growth Over Acquired Baseline</b>	<b>24.6%</b>	<b>12.8%</b>	<b>8.2%</b>	<b>-5.3%</b>	<b>14.7%</b>
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	Acquired Contribution Margin					2021 Estimated Contribution Margin				
	2017	2018	2019	2020	Total	2017	2018	2019	2020	Total
HH	\$ 8,219,099	\$ 2,520,219	\$ (2,293,825)	\$ (1,104,039)	\$ 7,341,454	\$ 31,944,393	\$ 9,956,908	\$ 11,812,968	\$ 2,887,379	\$ 56,601,648
Hospice	\$ 2,653,532	\$ (468,277)	\$ 760,500	\$ 3,049,349	\$ 5,995,105	\$ 11,819,343	\$ 688,213	\$ 3,059,633	\$ 3,636,675	\$ 19,203,863
HCBS	\$ 528,722	\$ 72,435	\$ 208,724	\$ 551,874	\$ 1,361,755	\$ 1,017,986	\$ 273,846	\$ 147,818	\$ 488,160	\$ 1,927,810
Other	\$ 1,384,436	\$ -	\$ (105,521)	\$ -	\$ 1,278,915	\$ 5,845,955	\$ -	\$ 2,226,104	\$ -	\$ 8,072,059
<b>Total</b>	<b>\$ 12,785,790</b>	<b>\$ 2,124,377</b>	<b>\$ (1,430,122)</b>	<b>\$ 2,497,184</b>	<b>\$ 15,977,230</b>	<b>\$ 50,627,677</b>	<b>\$ 10,918,967</b>	<b>\$ 17,246,523</b>	<b>\$ 7,012,214</b>	<b>\$ 85,805,380</b>

<b>Growth Over Acquired Baseline</b>	<b>296.0%</b>	<b>414.0%</b>	<b>1305.9%</b>	<b>1305.9%</b>	<b>437.0%</b>
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- Acquired Revenue from 2017 – 2020 = \$369.6M excluding Almost Family acquisition in 2018.
- 2021 Estimated Revenue on same acquisitions = \$424.0M
- Acquired Contribution Margin from 2017 – 2020 = \$16.0M excluding Almost Family acquisition in 2018.
- 2021 Estimated Contribution Margin on same acquisitions = \$85.8M

# RECRUITING AND RETENTION

## Net Hiring Trend

	Q3 2021	Q2 2021	Q1 2021
Home Health	+306	+238	+16
Hospice	+25	+25	+37
HCBS	+84	+12	-22

- We continue to see positive trends in recruiting and retention. We have three consecutive quarters in which we have hired a record number of employees while our turnover continues to be well below industry averages. Our headcount statistics are a direct correlation and validation to our company’s continued census growth and focus on patient satisfaction and quality.
  - Voluntary Turnover for full time employees company wide for the twelve months ended September 30, 2021: **16.1%**
  - Voluntary Turnover for full time clinical staff in Home Health and Hospice for the twelve months ended September 30, 2021: **17.6%**

# INDUSTRY-LEADING QUALITY AND PATIENT SATISFACTION

Quality	November 2021 <sup>(1)</sup>	October 2020 <sup>(2)</sup>
LHC Group	4.44	4.23
National average	3.25	3.25

- 85% of LHC Group same-store providers have CMS 4 stars or greater for quality



Patient Satisfaction	October 2020 <sup>(2)</sup>
LHC Group	4.41
National average	3.98

- 90% of LHC Group same-store providers have CMS 4 stars or greater for patient satisfaction



(1) September 2021 quality data is from Strategic Healthcare Partners (SHP).

(2) Please note that the October 2020 refresh of the quality and patient satisfaction star ratings is the last scheduled refresh of this data by CMS until January 2022.

- 100% of LHC Group home health and hospice agencies are Joint Commission accredited or are in the accreditation process within 12 to 18 months after acquisition.
- Approximately 15% of all Medicare certified home health agencies nationwide are Joint Commission accreditation.



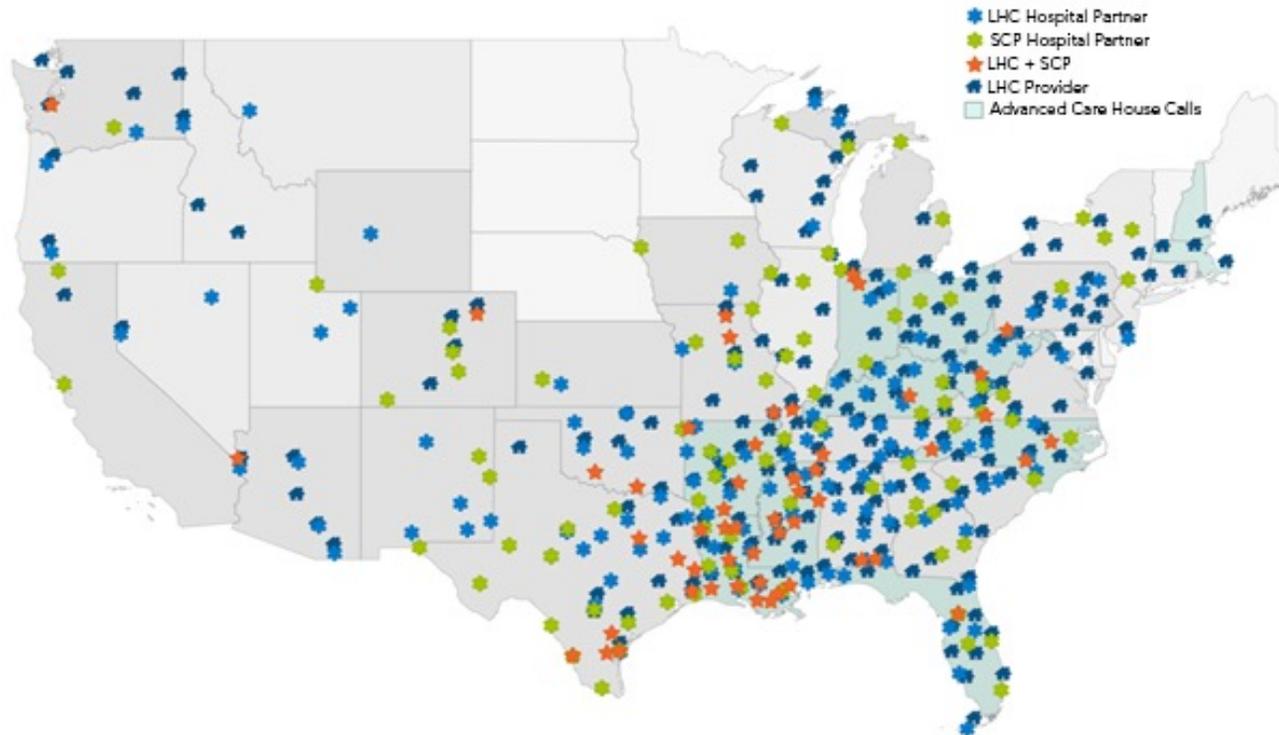
## HCI SEGMENT STRONGLY SUPPORTS ADVANCED CARE@HOME PROGRAMS



- LHCG's unique value-based assets are fully on display with SCP Health's national team of 7,500 emergency department physicians and hospitalists
  - Imperium Health – ACO ownership, management and enablement
  - Advanced Care House Calls – primary care services
  - Long Term Solutions – elder care guidance
  - CareJourney – clinical analytics and insights
- Closest peers to the HCI segment are now Landmark Health and Aspire Health.
- SCP partnership is a natural progression of LHCG's SNF@Home model first deployed in 2014 for Ochsner Health
- CMS recommendation for national expansion of value-based program places premium on ability to quickly take on risk and deliver proven value on a national scale
  - Imperium Health has generated \$300+ million in total savings; \$150+ million in total CMS payouts

# ADVANCED CARE@HOME PARTNERSHIP WITH SCP HEALTH

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- **756** current collective hospital partnerships
- **97** existing hospitals in which both LHC Group and SCP Health have partnerships
- **256** additional hospitals in which SCP Health is partnered and LHC Group operates a home health agency in the market
- Over **44 million** combined patient encounters annually

# Focus for 2022

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- ✓ Maintain proactive posture to COVID-19 pandemic response.
- ✓ Continue our focus as an industry leader in key areas around employee recruitment and retention including vacancy rate and voluntary turnover.
- ✓ Continue to be a leader in the industry in quality and patient satisfaction scores.
- ✓ Maintain disciplined capital allocation with new joint ventures and other M&A activity.
- ✓ Accelerate unlocking the potential of our co-location and tri-location strategies.
- ✓ Capture market share gains and incremental contributions from recent joint ventures, other acquisitions and consolidation.
- ✓ Accelerate initiatives to operationalize Advanced Care @ Home.

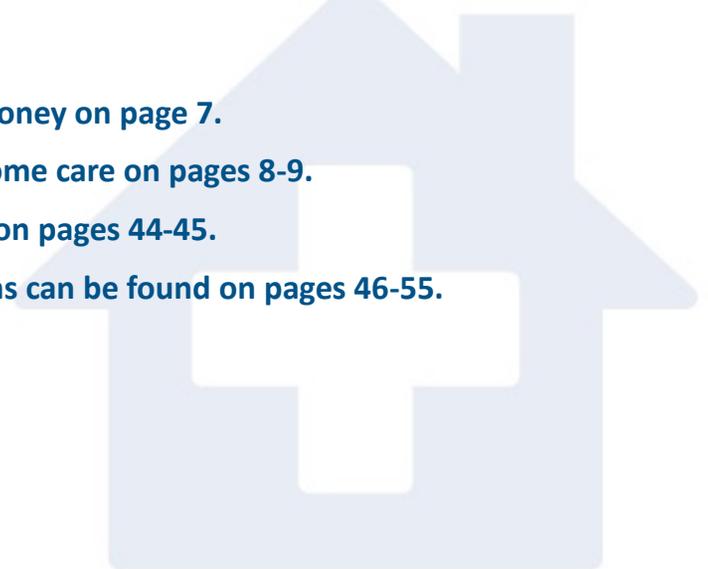
# APPENDIX

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# CHOOSE HOME CARE ACT OF 2021

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- Introduced July 29, 2021 in the Senate (S-2562) with bipartisan sponsorship led by Sens. Stabenow (D-MI) and Young (R-IN) and now **15 additional co-sponsors from both parties and committees of healthcare and aging jurisdictions.**
- **Same bill (HR5514) introduced in the U.S. House on October 8, 2021 by Cong. Cuellar (D-TX) and Comer (R-KY) with 25 co-sponsors now from both parties and House committees of healthcare jurisdiction.**
- **Bill has been sent to CBO (Congressional Budget Office) for scoring/review of budget implications and for consideration in a legislative vehicle this Congress. It has also been received by CMS for technical advice to Congress.**
- **For a more robust discussion of the Choose Home Care Act of 2021, please see the Q2 Supplemental dated August 4, 2021 and found on our Investor Relations page for:**
  - (1) **Description of the new benefit, how it will work and how it will save money on page 7.**
  - (2) **Polling data and third-party research on support and validation of at home care on pages 8-9.**
  - (3) **Section by section analysis of Choose Home Care Act of 2021 provided on pages 44-45.**
  - (4) **The full Dobson DaVanzo memorandum on savings estimate calculations can be found on pages 46-55.**



## POLICIES ON HOME CARE *CONTINUED*

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- The Better Care Better Jobs Act: Senators Casey (D-PA), Wyden (D-OR), Schumer (D-NY), Murray (D-WA), Duckworth (D-IL), Hassan (D-NH) and Brown (D-OH) are introducing the Better Care Better Jobs Act, a key element of President Biden’s American Jobs Plan. Representatives Dingell (D-MI-12), Pallone (D-NJ-6), Schakowsky (D-IL-9) and Matsui (D-CA-6) introduced the House companion. This legislation would make a historic investment in home and community-based services by strengthening and expanding access to quality home care services and lifting up the caregiving workforce that provides them. Specifically, the bill would:
  - Enhance Medicaid funding for HCBS, strengthen and expand access to HCBS, strengthen and expand the HCBS workforce, show improvement over time, encourage innovative models that benefit direct care workers and care recipients, support quality and accountability, facilitate state planning, permanent spousal impoverishment protections and make permanent Make Money Follows the Person.

# UNPRECEDENTED SUPPORT FOR HOMECARE

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*“The Biden-Harris administration recognizes the value and dignity that come with access to home- and community-based services. Thanks to the American Rescue Plan, we can support states working to expand access to home- and community-based services for Medicaid beneficiaries.”*

**Xavier Becerra**, Secretary of U.S. Department of Health and Human Services (10.21.21)

*“We want to design models that give providers those tools that enable the delivery of integrated, whole-person care in the settings beneficiaries prefer, such as in the home or community.”*

**Purva Rawal**, Chief Strategy Officer for U.S. Centers for Medicare & Medicaid Services (10.20.21)

*“We’re going to expand services for seniors in the home and for families to help them take care of their parents at home. It’s a matter of dignity and pride they want to live at home independently and for millions of Americans this is the most important issue they are facing.”*

**President Joe Biden** (10.28.21)

*“AARP supports the investments (in the American Rescue Plan) that allow more people to get care at home and stay out of nursing homes when they so choose. For each person getting nursing home care, Medicaid can fund three people getting home- and community-based services.”*

**Jo Ann Jenkins**, CEO of the American Association of Retired Persons (3.1.21)

*“COVID-19 is prompting hospitals and health care systems to reconsider how and where they deliver care to patients. Many see the patient’s home as the safest and most effective option for certain conditions and patients.”*

**American Hospital Association** “The Value Initiative” (12.1.20)

*“Seniors deserve the best healthcare possible. After a hospitalization, people are often more comfortable in their own homes. Medicare needs to allow individuals the freedom to make the health care decisions best for them including recovery in their homes. My legislation HR5514 allows my constituents the option of home care and keeps them closer to loved ones and saves her from infectious diseases.”*

**Congressman Henry Cuellar (D-TX)** Lead Sponsor in the U.S. House of HR5514: The Choose Home Care Act of 2021 (10.8.21)

*“I’m proud to join Congressman Cuellar in introducing HR5514, this bipartisan measure. Medicare’s existing home health benefit doesn’t always offer the services necessary to ensure the best care for patients, which is what our bill seeks to change. Our proposal is safe, cost effective and will enhance the quality of life of senior citizens who would rather receive care in a familiar home setting.”*

**Congressman Jamie Comer (R-KY)** Lead Republican U.S. House Sponsor of HR5514: The Choose Home Care Act of 2021 (10.11.21)

# POLLING DATA SUPPORTS AT HOME CARE

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Conducted by The Decision Co. through a multi-mode survey of 3,012 adults in the U.S. from July 21, 2021 to July 27, 2021.

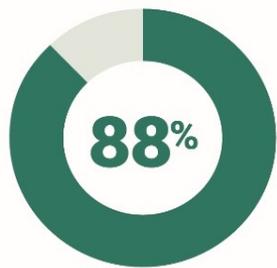
**Key Finding:** Americans, especially healthcare decision makers, desire the freedom and flexibility in-home care provides compared to traditional care mechanisms

- Americans clearly prefer to recover in-home rather than in an inpatient setting
  - 64% choose to recover either in-home or in a friend or family member's home
  - 68% of seniors 65+ prefer to recover in-home options vs. an inpatient facility
- There is substantial trust for the quality of care in an in-home setting
  - Healthcare decision makers (aged 35-49) assign a trust rating of 95% to in-home vs. 94% for hospitals and 87% for inpatient facility
  - Age 65+ assign a trust rating of 80% to in-home vs. 84% for hospitals and 66% for inpatient facility
- An overwhelming majority of Americans support expanding Medicare for home health purposes
  - 72% support Congress expanding Medicare vs. 9% in opposition
- Respondents want Medicare to cover the same service for in-home care that it does for inpatient stays
  - 92% of healthcare decision makers, 82% of aged 65+, and 75% overall
- Doctor's referral and scores demonstrating patient satisfaction are the most important factors when choosing in-home healthcare
  - Among 35+, doctor's referral (64%) patient satisfaction scores (45%) outweigh insurance recommendations (39%) and ratings from government bodies (30%)

# THIRD-PARTY RESEARCH VALIDATES AT HOME CARE SUPPORT

## AP-NORC Poll May 3 (March Data):

The majority of Americans prefer aging at home or with loved ones rather than long-term care facilities, with many citing concerns about independence, loneliness and safety



OF AMERICANS PREFER TO RECEIVE LIVING ASSISTANCE AT HOME OR WITH LOVED ONES

### KEY CONCERNS

LOSING INDEPENDENCE

67%

BEING ALONE

60%

HEALTH AND SAFETY ISSUES IN A NURSING HOME

54%

MOVING INTO A NURSING HOME

53%

The AP-NORC Center conducted this study with funding from The SCAN Foundation. The poll includes 1,113 interviews with a nationally representative sample of Americans age 18 and older from the AmeriSpeak® Panel. The overall margin of sampling error is +/-3.7 percentage points at the 95 percent confidence level, including the design effect. For more information, visit [www.longtermcarepoll.org](http://www.longtermcarepoll.org).

AP | NORC

## AARP Caregiver Report: June 29 (March-April Data):

- ~48M individuals provide unpaid care to an adult family member or friend
- 78% of caregivers report having out-of-pocket expenses as a result of caregiving
- Avg. annual amount caregivers spend on caregiving is \$7,242
- Family caregivers on average spend 26% of their income on caregiving activities
- Home modification costs made up 21% of household expenses

## Morning Consult: June 30 (June Data)

Expanding home health services and support for direct care workers





*It's all about helping people.*