Long-Term Care in Oklahoma

The number of Oklahoma residents age 85 and older is projected to grow 46 percent by 2030.

Oklahoma’s older population can be at greater risk for chronic illnesses and in need of long-term care. Thirteen percent of Oklahoma’s population is age 65+ with nearly 70,000 residents age 85+.

Oklahoma’s age 85+ population – the age group that is most likely to need long-term care services – will grow 46% from 2007 to 2030. This ranks Oklahoma toward the bottom (39th) in the nation in the projected growth rate of the 85+ population.

Most prefer to receive long-term care at home; however, Oklahoma spends about three-fourths of the state’s Medicaid funds on institutional care.

The majority of Americans age 50+ (89%) want to stay in their homes for as long as they can. Over 701,000 Oklahomans rely on Medicaid, and 10% are age 65+. Home and community-based service (HCBS) waivers allow Medicaid recipients to receive Medicaid funding for in-home care. In Oklahoma, Medicaid allows some to choose in-home care instead of nursing home care. In 2009, 24,165 Oklahomans 65+ with disabilities received a waiver; and there are no waiting lists for this group. On average, the Medicaid program can provide HCBS to three people for the cost of serving one person in a nursing home.

Oklahoma spends 73% of its Medicaid long-term care dollars for older people and adults with physical disabilities on nursing home care – ranking it 18th in spending on home care services for this population.

In addition, 380,000 Oklahomans are providing family caregiving to a loved one at home. This care is valued at $3.7 billion.

Oklahoma has an average nursing home private pay rate of $141 per day.

In 2007, Oklahoma’s nursing homes had an occupancy rate of 67%. This care is expensive. In 2008, Oklahoma’s nursing homes had an average daily private pay rate of $141. The rates in Oklahoma for home health aides averaged $17 an hour for private pay and $41 an hour for Medicare-certified. The average rate for adult day care was $48 a day.

More than two in five of Oklahoma’s nursing homes rated below average in health inspections.

The Centers for Medicare and Medicaid Services (CMS) created a five-star quality rating to help consumers compare nursing homes. CMS rates nursing homes on health inspections, staffing, and quality measures.

The health inspection process is comprehensive and conducted by a trained team of objective surveyors.

Recent studies have found that non-profit nursing homes generally deliver higher quality of care. In 2007, 85% of Oklahoma’s nursing homes were for profit (11%, non-profit; 4%, government-owned).

Few Americans have long-term care insurance.

Nationally, about 7 million long-term care insurance policies were in effect in 2005, and the typical purchaser was age 61 with assets over $100,000. Cost is a major factor in the decision to purchase long-term care insurance. In 2008, premiums for a married couple in their sixties were about $3,000 a year. Oklahoma has not adopted the most recent long-term care insurance recommendations from the National Association of Insurance Commissioners (NAIC).
The data utilized in this report is the most recent publicly available data collected for all states.


3Providing More Long-term Support and Services at Home: Why It’s Critical for Health Reform. AARP Public Policy Institute, June 2009. URL: http://www.aarp.org/research/ppi/ltc/hcbs/articles/fs_hcbs_hcr.html


7Providing More Long-term Support and Services at Home: Why It’s Critical for Health Reform. AARP Public Policy Institute, June 2009. URL: http://www.aarp.org/research/ppi/ltc/hcbs/articles/fs_hcbs_hcr.html


9Ibid. Page 44.

10Ibid. Page 66.

11Ibid. Page 59.

12Ibid. Page 60.

13Centers for Medicare and Medicaid Services. Note: These data are updated monthly. Data for this brief was pulled on November 3, 2009. URL: http://www.medicare.gov/NHCompare/Include/DataSection/Questions/ProximitySearch.asp

14BMJ 2009 (British Medical Journal); 339:b2732. URL: www.pnhp.org/nursing_home


