



Summary of 2016 Survey Findings

Over the past 13 years, Genworth has uncovered several trends across the long term care services landscape. Not surprisingly, the cost of all types of care has steadily risen over the years – from homemaker services to nursing home care. The following information provides a high level overview of the national median rates for the various types of care settings including changes since the 2015 survey, the five-year annual growth rate, as well as the methodology used for the survey.¹

Long term care can be provided in a variety of settings. A licensed health care practitioner, such as a physician, registered nurse or social worker, can determine a plan of care that could include the following:

HOME

Homemaker Services: Services providing help with household tasks that cannot be managed alone. Homemaker services includes “hands-off” care such as cooking, cleaning and running errands.

NATIONAL
MEDIAN
HOURLY RATE
\$20

CHANGE
SINCE
2015
2.56%

FIVE-YEAR
ANNUAL
GROWTH¹
2.13%

COMMUNITY

Home Health Aide Services: Home health aides offer services to people who need more extensive care. It is “hands-on” personal care, but not medical care. The rate listed here is the rate charged by a non-Medicare certified, licensed agency.

NATIONAL
MEDIAN
HOURLY RATE
\$20

CHANGE
SINCE
2015
1.25%

FIVE-YEAR
ANNUAL
GROWTH¹
1.28%

Adult Day Health Care (ADC): Provides social and support services in a community-based, protective setting. Various models are designed to offer socialization, supervision and structured activities. Some programs may provide personal care, transportation, medical management and meals.

NATIONAL
MEDIAN
DAILY RATE
\$68

CHANGE
SINCE
2015
-1.25%

FIVE-YEAR
ANNUAL
GROWTH¹
2.53%

¹Percentage increase represents the compound annual growth rate for surveys conducted from 2011 to 2016. The median rates are rounded to the nearest dollar.

FACILITY

Assisted Living Facility (ALF): Residential arrangements providing personal care and health services. The level of care may not be as extensive as that of a nursing home. Assisted living is often an alternative to a nursing home, or an intermediate level of long term care.

NATIONAL MEDIAN MONTHLY RATE	CHANGE SINCE 2015	FIVE-YEAR ANNUAL GROWTH ¹
\$3,628	.78%	2.16%

Nursing Home Care: These facilities often provide a higher level of supervision and care than Assisted Living Facilities. They offer residents personal care assistance, room and board, supervision, medication, therapies and rehabilitation, and on-site nursing care 24 hours a day.

Semi-Private Room

NATIONAL MEDIAN DAILY RATE	CHANGE SINCE 2015	FIVE-YEAR ANNUAL GROWTH ¹
\$225	2.27%	3.12%

Private Room

NATIONAL MEDIAN DAILY RATE	CHANGE SINCE 2015	FIVE-YEAR ANNUAL GROWTH ¹
\$253	1.24%	3.51%

Methodology

CareScout®

CareScout has conducted the Genworth Cost of Care Survey annually since 2004. Located in Waltham, Massachusetts, CareScout has specialized in helping families find long term care providers nationwide since 1997.

This year, CareScout – a Genworth company – contacted more than 43,000 providers² to complete over 15,000 surveys of nursing homes, assisted living facilities, adult day health facilities and home care providers. Potential respondents were selected

randomly from the CareScout nationwide database of providers in each category of long term care services. Survey respondents representing all 50 states, the District of Columbia and Puerto Rico were contacted by phone during January and February of 2016. Survey respondents were informed that survey data provided would be included in the Genworth 2016 Cost of Care Survey results. Survey questions varied based on the type of care provider.

One of the most comprehensive surveys of its kind, the Genworth Cost of Care Survey publishes costs

² Various provider categories used in the survey may not be the same as the definitions used in a long term care insurance policy.

in 440 regions based on the 381 U.S. Metropolitan Statistical Areas (MSAs). MSA definitions are established by the U.S. Office of Management and Budget and include approximately 85 percent of the U.S. population. The survey also includes some counties outside of the MSA regions. To create accurate historical trends for this expanded scope, CareScout recast the base data from the 2011 survey into the current region structure. As a result, CareScout is able to report a five-year compound annual growth rate for each region.

Home Care (HC)²

Surveyors completed more than 3,800 interviews with licensed home health care providers representing approximately 19 percent of home care agencies.³ The agencies surveyed provided home health care and homemaker services where a skilled nurse does not need to be present. A home health aide will typically help with bathing, dressing, transferring and toileting, but not with catheters or injections. Most of these agencies also provide homemaker services that typically include assistance with shopping, finances, cooking, errands and transportation. Homemaker services may also be employed for the purpose of providing companionship.

Annual rates are based on 44 hours of care per week, multiplied by 52 weeks. Where a rate range was provided, the midpoint was used. The survey excludes holiday rates.

Adult Day Health Care (ADH)

Across 440 regions, surveyors polled more than 34 percent of adult day health care facilities, resulting in over, 1,400 completed surveys. ADH is designed to meet the needs of adults who are functionally and/or severely cognitively impaired.

Programs are intended to be structured and comprehensive, and to take place in a protective setting that promotes well-being through a variety of health, social and other support services. These services are intended to help enable individuals live more independently in the community and may also be used to provide relief for family caregivers.

ADH facility rates are structured in a variety of ways: Some charge by the hour, some by the half-day and others for the full day, regardless of utilization. All rates used in Genworth's survey were extrapolated to a daily (6-8 hours) rate.

ADH facility rates may be subsidized by the government or the community. A government subsidy is based on the individual's ability to pay. However, a community subsidy is available to individuals regardless of their income level. This survey captures the full private pay rates or, where applicable, the community subsidy rates. This survey does not capture the government subsidy rates.

Annual rates are based on the daily rate multiplied by five days per week, then multiplied by 52 weeks.

Assisted Living Facilities (ALF)

Across 440 regions, surveyors polled more than 15 percent of licensed assisted living facilities, resulting in more than 6,200 completed surveys.

Unlike nursing homes, there is no uniform regulatory standard for assisted living facilities. As a consequence, states have instituted licensing standards that vary from state to state. The assisted living facilities polled were licensed according to the licensure requirements of the state in which the assisted living facility was located.

² Various provider categories used in the survey may not be the same as the definitions used in a long term care insurance policy.

³ Not all states require a license for home care. Data includes certain states where unlicensed providers are included because the state does not offer or does not have HH license requirements.

Currently, there are more than 70 different names or designations for facilities licensed as some form of an assisted care facility. Generally, fewer than 40 percent of these care facilities use the term “assisted living facility” as a part of their formal name or licensure designation. For example, some facilities may be identified as “residential care facilities.” Because of variations in licensing requirements by state, both small group homes and large multi-service facilities qualified as assisted living facilities for the purposes of this study.

Surveyors collected the monthly private pay rates as they ranged from basic care to more substantial care for a one-bedroom unit in an assisted living facility. Where a rate range was provided, the average of the high and low was used in the annual cost calculation.

Annual rates are based on the monthly fee multiplied by 12 months.

Nursing Homes (NH)

Across all regions of the study, surveyors polled nearly 25 percent of certified and licensed nursing homes, resulting in nearly 3,600 completed surveys.

Surveyors collected the daily rates for private rooms (single occupancy) and semi-private rooms (double occupancy) in Medicare-certified nursing facilities. Medicare-certified nursing homes represent more than 90 percent of all nursing homes in the U.S. The daily room charge usually includes services beyond rent, such as three meals a day, laundry, sundries, basic nurse supervision and generic non-prescription pharmaceuticals.

Annual rates are based on the daily fee multiplied by 365.

About CareScout®

Headquartered in Waltham, Massachusetts, CareScout helps Americans across the United States find quality care providers for their long term care needs. As an objective source for this provider information, CareScout, a Genworth company, developed the nation’s first quality of care ratings system for certified nursing homes and home care providers. Large employers, risk underwriters and families rely on CareScout’s proprietary ratings system, the CareScout network, and its database of about 100,000 providers, including nursing homes, assisted living facilities and home care agencies, to help find and arrange the most appropriate care for loved ones. For more information, visit carescout.com.

About Genworth Financial

Genworth Financial, Inc. (NYSE: GNW) is a Fortune 500 insurance holding company committed to helping families achieve the dream of homeownership and address the financial challenges of aging through its leadership positions in mortgage insurance and long term care insurance. Headquartered in Richmond, Virginia, Genworth traces its roots back to 1871 and became a public company in 2004. For more information, visit genworth.com.

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- Calculate future costs of care
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