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Community Care Program worth cost

Geraldine and Ardelle appreciate the services

By Jim Nowlan

Even the hard-hearted become a little mushy when it comes to caring for those elderly who have lost much of their independence.

There is a terrific state program called Community Care that helps the elderly live on their own instead of at a nursing home, and saves Illinois big dollars in the process. It should not be pared back, as is being rumored.

When it comes to trimming the beleaguered state budget, I don't hear much about curbing the high cost of caring for the elderly in nursing homes.

The state pays about \$30,000 per full year per patient for each of the 50,000 or so who are supported by the Medicaid program for low income persons (about two thirds of all 75,000 patients in private nursing homes in Illinois are paid for by Medicaid).

Indeed, I hear quietly of many families who, also quietly, shed the assets of elderly relatives so they can qualify for government support.

Few families, even those comfortably off, can afford for long the \$45,000 and up that a typical nursing home charges overall per bed per year.

In 1979, the State of Illinois began, on its own initiative, the Community Care Program, which seeks to provide limited care at home with the objective of keeping persons out of nursing homes for as long as possible.

The CCP provides in-home care for thousands who can live on their own so long as they have some help with cleaning, personal care, fixing a meal, driving to the doctor, or “it just depends,” as a home care assistant says.

The path to CCP begins with a referral to a contract agency such as Alternatives for the Older Adult in Moline by a hospital, family, senior housing administrator or anyone about an individual over 60 who appears to be having problems negotiating life on his or her own.

[Alternatives serves the Quad-Cities region for the Illinois Department on Aging.]

Alternatives does a needs assessment in the home of the person in question to determine if she is eligible for long-term care. If the person qualifies for CCP by having less than \$17,500 in assets other than home, car and personal items, a plan of care is developed for the older person, with a pre-set number of hours of care per week authorized.

Alternatives then offers the individual in need of care at home a choice of agencies that actually provide such care. In my home area, the Henry County Health Department is often selected.

Geraldine and Ardelle appreciate the program

Recently I visited Geraldine Shoen at Sunshine Village and Ardelle Giesenhagen at her fifth-generation home, both in Toulon.

“Thank you, honey,” said Geraldine Shoen with a big smile for homecare assistant Victoria Clemens of Osceola, who picked up Gerrie’s breakfast plate.

Vickie had made the coffee, prepared a light breakfast, reminded Gerrie to take her pills early this morning, and would later do dishes, laundry and some cleaning in the apartment.

“I wait for her every morning,” declares Gerrie, sitting in a comfortable chair with her walker and friendly cat nearby, of her four mornings-a-week, two hours-a-day caregiver.

A pleasant, caring sort, Vickie has five clients and will sometimes do cooking for supper, shopping, and “it just depends” for clients, who appear to be friends as well, based on my visit.

Needs change as people deteriorate, says Vickie, and personal care can become quite significant.

“This is a good job for me,” says Vickie. “I get to meet a lot of really nice people. I spend more time with clients than I do with family.”

Many of those in the CCP also receive lunch-time meals-on-wheels from the program operated by the area agency on aging, which is different from CCP yet complements it.

A CCP supervisor makes surprise visits to homes of clients, “to see that you’re doing what you’re supposed to,” says Vickie.

Vickie’s clients range from 50 to 89. The youngest person, legally paralyzed in the service, receives support from the state Rehabilitation Services agency and not from Aging.

Gerrie has been at Sunshine Village for two years and “Likes it very much.” Indeed, she and Vickie emphatically agree that more such housing for those on limited incomes is needed, noting that Gerrie had been on a waiting list to get into Sunshine Village.

Ardelle Giesenhagen is among the five generations to live in her home, built by her grandfather Walter F. Young.

“I’m pretty independent,” declares Ardelle, who suffers from Parkinson’s. She says nevertheless, “I don’t know what I would do without her,” speaking of the pert Darla Fenters of Toulon, her homecare assistant.

Darla comes in four times a week for four hours each morning.

“I help in lots of ways,” says Darla. “I get Ardelle up, we go to the bathroom, sometimes using a transport chair to reach it, and help dress Ardelle, who has as perky and positive an attitude as always.

“This job is not for you if you don’t like people or want to clean,” says Darla, who earned a certified nurse’s assistant degree at Black Hawk College in 2006. She has a daughter at Iowa State University and a senior in high school, so the 30-37 hours she works each week for the Henry County Health Department are important to her.

Half of clients would be in nursing homes

Statewide, I have heard rough estimates that about half of all CCP participants would be in nursing homes absent the in-home care.

And it is a win-win, as the caregiver, generally with experience and maybe a certified nurse assistant’s license, earns useful income at \$9-10 per hour.

At present, the Illinois Department on Aging (IDOA) serves about 100,000 persons through the CCP at an average cost of \$10,000 per year (about \$1 billion), versus \$30,000-\$40,000 in government dollars for nursing home care. Most of a person’s Social Security payments also go to the nursing home.

I have heard rumors from several sources, which IDOA won’t respond to, that the department plans to limit the program to those who qualify for Medicaid.

Recipients in Medicaid receive a 50-50 cost reimbursement from the federal government. In contrast, the state pays all the cost for CCP participants who have between \$2,000 in assets (the Medicaid maximum) and the \$17,500 asset max for other CCP participants. (Persons with more assets can receive care on a self-paid basis.)

Seventy percent of all CCP participants qualify for Medicaid. The other 30 percent are of modest means but have more assets than Medicaid allows.

Here the math becomes a bit much to handle in a quick read. Suffice it to say that the non-Medicaid CCP participants and the state as well would both be better off to keep them in the program.

The \$10,000 a year per person for CCP is less costly than the \$30,000-40,000 for nursing home care. Thus it makes financial sense to keep the non-Medicaid participants in the CCP, even without the federal match.