

Onondaga Citizens League
2007 Study: Health Inequalities in Onondaga County

Public Session #3:

Long-Term Care

Wednesday, May 9, 2007

3:30 to 5:00 p.m.

Home Aides of CNY

723 James Street, Syracuse, NY

Panelists:

Marilyn Barnes, Community Health Nursing Supervisor,
Onondaga County Long Term Care Resource Center

Mary Hicks, Executive Director,
Enriched Resources for Independent Living (ERIE of Toomey Abbots)

Moderator: Amanda Torre-Norton, OCL 2007 Study Report Committee

Marilyn Barnes started off this informal discussion about health inequalities in long-term care in Onondaga County. She is a nursing supervisor with the Onondaga County Long Term Care Resource Center, formed in the early 1990s to help people access the long-term health care system. Since 2000 their mission is to promote and provide access to long-term care , contain costs, provide resources in an efficient manner and change demographics and the policy environment.

Anyone in the community can contact the Resource Center's Screening Unit for information or to discuss needs. A nurse is sent out to visit the individual in question, free of charge. Referrals are made to certified home health care agencies, nursing homes, the Office of Aging and Youth, among other resources. Nurses and case workers are experts in long-term care. Long term home health care is paid for by private funds, Medicare, or Medicaid

The long term care resource center runs several Medicaid funded programs including; The Long Term Care Home Health Care Program, Consumer Directed Program, Personal Care Program, Personal Emergency Response System, Care at Home Program, Assisted Living Program, PACE.

What is frustrating is the middle class consumer – there are disparities in insurance companies. It is difficult to find long-term care at home that is covered by an insurance provider. Often having Medicaid is the only way these services are covered. The private pay costs for the same services that are covered by Medicaid can often be thousands of dollars.

The Screening Unit does about 1500 assessments per year. There 8 to 9 nurses and the same number of case workers. About 60 cases a month are handled, plus case management for Medicaid patients. About 38 to 40 percent are under the age of 60, using Medicaid coverage.

Long term care is centered on the management of chronic diseases. Every county has a different structure for providing care. Sometimes there is a struggle with disease care within the regulations – this presents a major challenge.

Who are the adults under 60 using the majority of the long-term care services? Those mentally handicapped, developmentally delayed, or individuals who have permanent injuries as the result of accidents, and people who have chronic diseases, such as ALS, multiple sclerosis, diabetes, kidney disease, etc.

The structure can be summarized as follows:

- Rich people – buy what care they want

- Middle class people – go without what they need

- Poor people – get some of what they want

Managed Medicaid is being pushed now. Diagnostics are lagging – result is that people get behind in care. Why? Provider pool of primary care physicians for Medicaid patients is shrinking.

Long-term care providers talk in two groups:

- Medicaid – people qualify, but need to get put in the right box

- Non-Medicaid – qualify, but do not receive care due to high cost

Enriched Resources for the Independent Elderly (ERIE) was founded 20 years ago as a not-for-profit. Its mission is to assist people 55+ who are on SSI with personal care, meals, medical assistance, laundry, grocery shopping, “enriched” (not assisted) living. A portion of their SSI payments go to ERIE for such assistance. These individuals live in Toomey-Abbott Towers in their own apartments. They are beginning to see many younger people who are chronically ill.

Project Home is funded by a grant and is carried out through Loretto. The goal of Project Home is to place long-term care patients back in their own homes or in the community in a non-long-term care setting. The Project tracks the movement of these individuals and collects data about many facets of their living situation in an attempt to demonstrate that people are more content in a home setting and the costs for government are greatly reduced. NORC – Naturally Occurring Retirement Communities – are based on the concept of aging in one’s own neighborhood.

Issues of access are related to finances, not necessarily to race.

Consumer-directed services allow a person to buy the services they want, but there is no monitoring. There are not enough people, such as certified home aides and health aides, to assist people. Pay levels are such that people take jobs at retail outlets instead of going into this field.