

Home Health Care Crisis in the Adirondacks

Critical Shortage of Home Health Care Workers Creates a Health Care Crisis for Elders

Background

In March 2014, the Caregiving Working Group of Essex and Franklin Counties, facilitated by Mercy Care for the Adirondacks, developed and released "***Giving and Receiving Care in the Adirondacks***," a community empowerment action plan to address the area's **caregiving needs including severe shortage of home health aides**.

Mercy Care and its partners are implementing this plan with broad support from within and beyond the Adirondacks including the Franklin County Legislature, Adirondack Health, The University of Vermont Health Network Elizabethtown Community Hospital, more than 20 health and human service agencies in the Adirondacks, and other organizations including the New York State Office for the Aging, LeadingAge New York, AARP New York, Saranac Lake Adult Center, New York StateWide Senior Action Council, Mohawk Tribe Office for the Aging, Eastern Adirondack Healthcare network.

Moving Forward

As part of this effort, the Caregiving Working Group of Essex and Franklin Counties is ***launching a coalition to raise awareness and seek solutions to the lack of home health care in the North Country*** with leadership from New York StateWide Senior Action Council, Essex County Office for the Aging, Franklin County Office for the Aging, and Mercy Care for the Adirondacks.

1. Without sufficient home care workers:

- Seniors face delayed discharge from hospitals or require costlier institutionalization rather than preferred (and less expensive) services at home.
- Older adults needing home care support may become institutionalized because they can no longer manage at home.

2. An immediate investment to recruit and retain home health care aides will save local tax payers from paying a higher Medicaid bill

In Essex & Franklin Counties:

The Medicaid and Non-Medicaid populations are underserved. Regardless of a person's income, there simply are not adequate home and community based services available to care for people living in their communities.

Fewer family member caregivers are available than in the past—especially here in the Adirondacks where a high portion of the younger generation have been moving away for education and career, leaving their parents behind.

The Costs of Inadequate Home Care in the Adirondacks

A study, conducted by LeadingAge New York, funded by the New York State Health Foundation entitled “*A Roadmap to a Rational, Sustainable, and Replicable System of Long Term Care Services in the Adirondacks*,” found:

- The **percentage of acute care patients in the Adirondacks discharged to home with home care is 40% lower than the state average** because home care services may not be available.
- About 40% of senior households are households of ONE based upon the 2010 Census. Mercy Care’s own survey found that in Essex and Franklin Counties, **half of elders age 80 – 89 live alone.**
- The projected growth in the 65+ population between 2015 and 2035 **will increase the demand for most health care services including home care**, home and community based services and other long term care services.

The decrease in the number of available informal caregivers will increase the demand for some health care services including home care and other home and community based services.

Unmet Needs

Between January and August 2015, North Country Home Services, the major provider of home care assistance in Essex and Franklin Counties, has had **6500 hours of unfilled but authorized hours of care**. In other words, people clearly need the care but are not getting it.

This does not reflect all of the people who have called the agency for home care assistance but were turned away because there were no aides available to provide the care.

It is important to note that the ***non-Medicaid reimbursed*** Expanded In-home Services for the Elderly program (EISEP) and Medicaid services are provided mostly by the same home care agency. EISEP prevents seniors from spending down into Medicaid. Even with available funding provided through the state’s expanded services, these hours cannot be filled. In **this case, more money alone for the EISEP program does not solve the problem.**

The state poses that the Consumer Directed model is a solution to the home care worker shortage. However, the unique nature of the older population in the Adirondacks may not support this as the demographics show that family and friends are largely not available to be part of this program.

Aged Dependency Ratio

Ratio of persons aged 18 to 59 years to persons aged 60 years and over

Aged Dependency Ratio	Year:	2015	2020	2025	2030	2035	2040
New York State		2.793	2.4822	2.2458	2.1321	2.1063	2.0734
Essex County		1.925	1.6282	1.4061	1.3094	1.2834	1.2673
Franklin County		2.781	2.3599	2.0648	1.9641	1.9801	2.0094

Source: Data Source:
Woods and Poole Economics, Inc.
2014 State Profile

Heartbreaking Lack of Access to Home Care

A gentleman in his 80s was trying to find home care assistance after his wife was discharged home from a three-week hospital stay with a fracture. The fracture was caused by a fall after the 85-year old woman felt dizzy at home. The woman has been discharged home and is trying to get around with a walker. Her husband is exhausted and at the “end of his rope.”

He is not up to providing all of her personal care. He has tried to get home care assistance but either none is available, delayed or unreliable.



What do you suppose may happen to this husband and wife without adequate home care assistance?

- ⇒ Another fall?
- ⇒ Emergency room visit?
- ⇒ Hospital readmission?
- ⇒ Skilled nursing facility admission?
- ⇒ Caregiver illness?

Recruiting, Training, & Retaining Home Care Workers in the Adirondacks

It may take a home health aide $\frac{1}{2}$ hour to reach the client they are to assist in this rural region. It may take them another $\frac{1}{2}$ hour once they complete the care with that client to drive to the next client.

It is required that the aide have their own car to get to the client's home. The agency must pay the aide for his/her round trip travel time of one hour, even though the agency is not reimbursed for the time the aide spends traveling. An aide makes \$9 or \$10 an hour.

An aide making low-income wages is expected to afford a reliable car for him/her to use to get to the client's home. The local convenience store is advertising help wanted starting at \$11 - \$14 per hour.

The rural character of this area, the long distances between homes where clients may live, and the fact that there is no public transportation in the Adirondacks that could meet the transportation needs of home health aides to visit their clients present enormous challenges.



CAMPAIGN OUTLINE

- Raise Public Awareness about unique home care needs in the Adirondacks.
- Raise Public Awareness about needs throughout NYS and the “Age Wave” coming.
- Address the insufficient hourly wage of home health care aides
- Form a coalition to develop an advocacy strategy and retention of home care workers.
- Advocate for funding for adequate home and community based care throughout NYS.
- Help Policy Makers understand the critical need to provide home care to people regardless of payer source.
- Advocate for public policy that advocates for recruitment and retention.

To learn about our coalition contact:

Becky Preve, Director,
Franklin County Office for the Aging
518-481-1660/518-481-1659

Donna Beal, Executive Director
Mercy Care for the Adirondacks
518-523-5581

NY StateWide Senior Action Council
1-800-333-4374

The “Age Wave”— It’s Coming—Get Ready!

According to the County Data Book, by 2035 the number of senior citizens over the age of 85 in Essex and Franklin County will increase by 30 per cent, to 2,760. **Today more than 13 percent of the population in Franklin County and 20% in Essex County are over 65. By 2030, the number will be 21% and 30% respectively. Higher than the state rate of 19 per cent.** Al-Jen Poo, MacArthur Genius Fellow and author of the *Age of Dignity* states “The “Age Wave” has profound implications for our economy, social system, and family life.”

SOLUTIONS

1) Incentivize Home Care Workforce Development for Underserved Areas

- ⇒College Tuition Assistance and Loan Forgiveness Programs tied to years of service as a home health aide
- ⇒Sign-on bonuses extending over five years—released in annual increments with a balloon bonus at the end of five years; renewal sign on bonuses for additional five-year period
- ⇒A career path for advancement—tuition-free LPN training
- ⇒Restructure home care delivery systems to enhance more predictable work schedules
- ⇒ Reasonable Tire Replacement, car maintenance and repairs allowance programs for aides

2) Ensure viability of home care agencies

- ⇒Advocate for adequate funding for home and community based care throughout NY State
- ⇒Regulations requiring Medicaid to reimburse home care agencies that reimburse workers for mileage and time paid to aides while traveling to and from the patients’ homes.