



State Society on Aging of New York
 Founded in 1972 as the New York State Association of Gerontological
 Educators (NYSAGE)
www.ssany.org

SSA Policy Statement: Long-Term Care

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Long-Term Care

Long-term care encompasses a spectrum of services and locations that addresses the needs of an aging population in New York State. It includes ongoing medical, nursing, social work, rehabilitative, personal care and supportive services. Long-term care is provided in patients' homes, community day centers, group housing, assisted living facilities, and nursing homes. The primary concerns for the future will center upon the scope and accessibility of long-term care services, in addition to the growing need for financing these services.

Background

In New York State, by 2015 the population 60 years of age and older is projected to number 3.7 million (with the aging of baby boomers) and to comprise 19.4 percent of all New Yorkers. The 85+ population is expected to increase by 34% by 2015, and centenarians (those 100 years and older) will increase by approximately 250%. Older adults have a higher risk of functional impairments and chronic medical conditions that will need to be addressed by long-term care programs. Many, if not most, older persons want to remain in their own homes for as long as possible. Families have always provided the majority of long-term caregiving, which often involves significant caregiver stress, strain on financial resources, and increasing time burden from the provision of care. The trend to minimize hospital stays also has resulted in older adults being discharged back to home with more complex care needs. Many caregivers are willing to take on these challenges of care; however, this demand has created the need for programs that can provide a variety of services and home modifications to make safe living possible. These traditionally have included such programs as home delivered meals, accessible transportation, personal emergency response systems, home health services, case management, homemaking/personal care, and social adult day services.

Community-Based Programs

The increasing demand also means that innovative methods of providing services need to be explored so that older persons may remain at home and use their own resources to meet their long-term care needs without becoming impoverished. The implications of the Olmstead decision of 1999 necessitate that consumers with disabilities have adequate choice of available services and affordable community-based housing. New York State will need to enhance the support for established long-term care options such as the Expanded In Home Services to the Elderly Program (EISEP), as well as pursue the expansion of innovative programs such as the Program for All Inclusive Care for the Elderly (PACE), continuing care retirement communities (CCRC), and naturally occurring retirement communities (NORC). The appropriate and

efficient delivery of supportive care services in these settings is the only means in which the goal of community-based long-term care can be achieved.

Nursing Homes

Nursing homes remain key providers of long-term care, with demographic trends likely to increase the demand for these facilities. Nursing homes will continue to provide for the needs of New York's frailest residents; those with complex care needs, high levels of functional dependence, advanced dementia, and those without sufficient social or financial supports to meet their needs at home. The future trends of nursing home care will continue to focus on issues of quality, resident's rights, adequate staffing, and meeting the needs of a growing medically complex population.

Workforce

The adequacy of a well-trained long-term care workforce will be paramount to the success of any program or care setting. The recruitment and retention of this workforce will depend on adequate compensation and benefits for all workers. Leadership in educational efforts will need to extend across the spectrum of services to provide for training and development of competent and skilled long-term care professionals.

Financing

The multiple funding sources for long-term care make it challenging to coordinate services and avoid unnecessary hospitalizations. Long-term care is paid for out of a variety of sources, including out-of-pocket private pay, state-funded programs, long-term care insurance, private insurances, Medicare and Medicaid. The future of long-term care will be uniquely affected by the demographics of the aging Baby Boom generation, and will have lasting implications for future generations if fragmentation of services and financing continues across New York. The challenge will be to transform long-term care from a system in which many people often impoverish themselves to one in which people can plan in advance for evolving long-term care needs. The current system gives little consumer control in long-term care choices based on service scope and quality. Unless individuals can afford to pay for services with their own finances, they are faced with spending down to the poverty level to qualify for government support.

Recommendations

In order to address the evolving needs for long-term care, the State Society on Aging of New York (SSA) endorses and supports the following recommendations:

- **Promotion of successful aging with improved primary prevention of chronic illness and disability, and promotion of healthier lifestyles.** This will necessitate incorporation of prevention and chronic disease management programs across the continuum of primary medical care.
- **Improvements in information dissemination regarding the availability, scope and delivery of comprehensive long-term care services.** This needs to include an implementation of an integrated and user-friendly single point of entry for social service referrals and community linkages to meet existing care needs. Additionally, this requires

establishment of geriatric case management and care coordination across all levels of long-term care services to ensure cost-effective and high quality care.

- **Sustaining caregiver involvement in providing long-term care services through the promotion and support of innovative skill building, training and other support services (i.e. respite care).** Tax incentives and dependent care accounts should be considered for expansion to help families finance long-term care.
- **Adequate transportation services and programs established and sustained across the state to meet the needs of residents in rural, urban, and suburban areas.** Adequate planning in future transportation designs, limitation on liability for service providers, and expansion of existing networks will allow citizens to remain at home and mobile for as long as possible, and contribute to the vitality of New York's communities.
- **Government finance reform to ensure stable, workable funding sources and to manage long-term care costs.** The current Medicaid funds will need to be carefully considered along with innovative expansions of long-term care insurance for financing needs in the future. Improvements in Medicare need to address the continuing service needs of older adults with chronic illnesses, and greater affordability needs to be achieved for private insurance and retirement health benefits.
- **Research to evaluate the effectiveness of innovative approaches on all levels of long-term care, particularly those that maximize the role of families and empower consumers.** Research will need to focus on appropriate benchmarks for quality, staff empowerment, use of health care guidelines, and the relationship between clinical outcomes and professional staffing.
- **Education for health and allied health professionals on issues relevant to long-term care.** Equal emphasis needs to be placed on exposing students to different long-term care settings and on providing a high level of continuing education to familiarize practitioners in the field with the latest innovations in long-term care practice.
- **Evolution in the regulatory framework for nursing homes, assisted living programs, and community-based long-term care.** State regulations will need to evolve beyond defining care standards and include a reflection of relevant quality outcomes. This can improve the quality of care through proactive quality assurance, establishment of benchmarks for care delivery, assurance of client satisfaction and promotion of consumer rights.

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