



Putting Home Care in Perspective

In the first century of our country's history there was no such thing as nursing homes or assisted living. Society was mostly rural and people lived in their own homes. Families cared for their loved ones at home until death.

In the latter part of the 1800's, due to an increasingly urban society, many families were often unable to care for aging loved ones because of a lack of space or because all family members, including children, were employed six days a week for 12 hours a day. During this period, many unfortunate people needing care were housed in County poor houses or in facilities for the mentally ill. Conditions were deplorable. In the early 1900's, home visiting nurses started reversing this trend of institutionalizing, allowing many care recipients to remain in their own homes. Nursing homes or so-called "rest homes" were also being built at this time with public donations or government funds.

With the advent of Social Security in 1936, a nursing home per diem stipend was included in the Social Security retirement income and this government subsidy spurred the construction of nursing homes all across the country. By the end of the 1950's it was apparent that Social Security beneficiaries were living longer and that the nursing home subsidy could eventually bankrupt Social Security. It was never the intent of Congress to pay for nursing home care for all Americans.

In order to protect the thousands and thousands of existing nursing homes, Congress needed to find a way to provide a subsidy but remove it as an entitlement under Social Security. In 1965, Medicare and Medicaid were created through an amendment to the Social Security Act. Under Medicare, nursing homes were only reimbursed on behalf of Social Security beneficiaries for short-term rehabilitation. Under Medicaid, nursing homes were reimbursed for impoverished, disabled Americans and impoverished, aged Americans over the age of 65. The nursing home entitlement for all aged Americans was now gone.

Over the last 40 years, there has been a gradual change away from the use of nursing homes for long-term care toward the use of home care and community living arrangements that also provide in-house care.

With proper planning people could remain in their homes for the rest of their lives.

We are now seeing a trend back toward the urban working conditions of the early 1900's, where both husband and wife work and are putting in longer hours. At the same time, we are seeing a return to the trend of the early 20th century, where outside visiting caregivers relieve or replace working caregivers and allow the elderly to receive long-term care in their homes. In addition, there's a significant trend in the past few years for Medicaid and Medicare to pay for long-term care in the home instead of in nursing homes. Given enough money for paid providers or government funding for the same, a person would never have

to leave his or her home to receive long-term care. All services could be received in the home. Adequate long-term care planning or having substantial income can allow this to happen.

We only need to look at wealthy celebrities to recognize this fact. Christopher Reeve, the movie star, was totally disabled but had enough money to buy care services and remain in his home. President Ronald Reagan suffered from Alzheimer's for many years but received care at his California ranch. He was also wealthy enough to pay for care when needed. Annette Funicello and Richard Pryor had income from their movie careers which allowed them to receive care with their multiple sclerosis at home. Mohammed Ali, who is severely disabled with Parkinson's disease, will probably never see the inside of a care facility, unless he chooses to go there to die. With the proper planning and the money it provides, most of us could remain in our homes to receive long-term care and would never have to go to an institution or a hospital.

The popularity of home care.

Most of those receiving long-term care and most caregivers prefer a home environment. Out of an estimated 8 million older Americans receiving care, about 5.4 million, or 67%, are in their own home or the home of a family member or friend. Most older people prefer their home over the proposition of living in an unfamiliar care facility. Family or friends attempt to accommodate the wishes of loved ones even though care giving needs might warrant a different environment. Those needing care feel comfortable and secure in familiar surroundings and a home is usually the best setting for that support.

Often the decision to stay in the home is dictated by funds available. It's much less expensive for a wife to care for her husband at home than to pay \$2,000 to \$4,000 a month for care in a facility. Likewise, it's much less costly and more loving for a daughter to have her widowed mother move in to the daughter's home than to liquidate her mother's assets and put her in a nursing home. Besides, taking care of our parents or spouses is an obligation most of us feel very strongly about.

For many long-term care recipients, the home is an ideal environment. Although they may be confined to the home, they continue to lead active lives engaging in church service, entertaining grandchildren, writing histories, corresponding, pursuing hobbies, or doing handwork activities. Their care needs might not be that demanding and might include occasional help with house cleaning and shopping as well as help with getting out of bed, dressing, and bathing. Most of the time they don't need the supervision of a 24/7 caregiver.

There are, however, some care situations that make it difficult to provide long-term care in the home.

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