

April 2013

Personal Care and Homemaking Services for Older Adults and Adults with a Disability

The value and outcomes for consumers, caregivers, and public funders

This study of the Area Agency on Aging 1-B Personal Care and Homemaking programs documented exceptional dedication, quality, value and outcomes:

- The majority of home care workers donate extra personal time and resources to consumers
- 24/7 access to home care agencies helps prevent avoidable emergency medical service utilization and potentially saved \$1.6 million in hospital costs and \$220,000 in emergency department visits in 2011
- 99% of consumers would recommend their AAA 1-B Care Managers to a friend or family member
- AAA 1-B Personal Care and Homemaking providers deliver services at a cost to taxpayers that is 17% to 19% below private market rates
- If all regions of the state purchase personal care and homemaking at the discount level that the AAA 1-B receives, the annual savings to the state and taxpayers is approximately \$2.3 million for Michigan Office of Services to the Aging programs and \$35 million for MI Choice

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Introduction

The Personal Care and Homemaking services for older adults and adults age 18 and older with a physical disability are widely recognized as valued services that assist individuals with difficulty performing activities of daily living to live independently. However, the actual value of the programs extends far beyond just the provision of personal care and light housekeeping. This Area Agency on Aging 1-B (AAA 1-B) study found that the services achieve many important but largely unknown and previously undocumented outcomes that positively impact participants, family members, and public expenditures for care of the elderly. The purpose of this report is to educate all stakeholders of Michigan's personal care and homemaking services, especially elected officials who are responsible for the programs' futures through their allocation decisions, about the programs' true value and outcomes.

Michigan's state and federally funded network of Area Agencies on Aging and qualified home care agencies deliver high quality supports that meet consumer expectations and offer value-added benefits at an exceptionally low cost. Personal Care and Homemaking services are two essential components of the AAA 1-B's Community Care Management, Community Living, and MI Choice Medicaid waiver programs that support older adults and adults with a disability to maintain independent living in community settings. Despite their value, Michigan Area Agencies on Aging and home care agencies are concerned about growing pressure to continue reducing public funding for Older Americans Act (OAA) and Older Michigianians Act services due to the projected federal budget deficits, lack of support for restoration of recent state funding cuts (28% over past three years), and increasing competition for limited resources from other health and human service systems. The FY 2013 state budget decisions reflect the recognition that the MI Choice program produces positive outcomes for consumers and cost savings to taxpayers as evidenced by a \$20 million increase to address wait lists and support long term residents of nursing homes to return to community living. However, there was no direct support for an increase to address the unmet long term care needs of a growing number of older adults with long term care needs who are not eligible for Medicaid programs like the MI Choice Medicaid waiver, have limited or no family support, cannot afford private market home care rates, and depend on state and federally-subsidized personal care and homemaking services to maintain their independence.

The AAA 1-B believes that home and community-based services offered to older adults are valuable and offer a great benefit to our community. However, there is very little data that quantifies the impact of aging network services for consumers who do not have Medicaid. The identification and utilization of outcomes and indicators for most human service programs is a developed and

60 a Day Over 60

*The Region 1-B
population age 60 and
older is increasing by 60
more residents each day
in 2011*



maturing practice. However, their application in the field of aging is scant, and made more challenging due to the degenerative nature of chronic conditions which are at the root of most problems that beset the elderly. Advocacy efforts to protect and enhance services for a rapidly growing older adult population depend on our ability to demonstrate irrefutably that these programs: are high quality; cost effective; and produce desirable outcomes for consumers, family caregivers, funders and the community at large.

In response to this predicament, the AAA 1-B convened a committee of Personal Care and Homemaking (PC/H) vendors in Region 1-B to address the need to quantify the benefits of PC/H programs. The purpose of this Committee was to identify the outcomes of the PC/H service on consumers, caregivers and other stakeholder groups, identify the indicators that can be used to measure identified outcomes, and develop strategies that will integrate the utilization of outcomes and indicators into PC/H program management advocacy. Best practices from other programs, disciplines, and regions, as well as other leading aging outcome development efforts were reviewed, and serve as a basis for development of metrics policies and applications.

Committee participants:

Travis Kelly, Co-Chair	All Valley Home Care	Rochester
Sharon Williams, Co-Chair	Caring Alternatives	Monroe
Martha Butzier	Shared Care Services	Ann Arbor
Olga Kourdioukova	ABA Home Care	Berkley
Gloria Lanum	Affordable Home Care	Southfield
Immaculata Nwachudwu	Friman Home Care	Canton
Nsuhodeidem Okon	Nurse Match Solutions	St. Clair Shores
Nancy Swierz	Shared Care Services	Ann Arbor
Andrea Mulheisen	Area Agency on Aging 1-B	Southfield
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1. About Personal Care and Homemaking Services

Personal care and Homemaking (PC/H) are long term care services provided in the home of older adults and adults with a disability who typically have limitations in their ability to perform basic activities of daily living. These services can be provided by a trained professional or family member who meets the same standards of employees who are unrelated to the consumer. The services are defined by state standards as follows:

Personal Care includes hands-on care or assistance with eating, bathing, dressing, personal hygiene or grooming, and with activities of daily living including meal preparation. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting, and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. *This service also includes supervising the care of the participant by reminding, prompting, cueing, and frequently directing the activities of daily living.* Personal care may be furnished outside of the participant's home.

Homemaking consists of general household activities (meal preparation and routine household care) to maintain an adequate living environment that is provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Allowable homemaking tasks are limited to:

- Laundry
- Ironing
- Meal preparation
- Shopping for necessities, including groceries and errand running
- Social/emotional support offered in conjunction with the performance of tasks
- Light Housekeeping
- Observing, reporting and recording any changes in the participant's home environment and reporting it to the care manager

Personal Care and Homemaking services are purchased on behalf of consumers when called for in a jointly developed and approved care plan by consumers and AAA 1-B care managers, from a pool of pre-qualified home care agencies or from individuals selected by the consumer following self determination principles. Personal Care is the most common service provided to 2,757 (FY 2011) AAA 1-B consumers through the non-Medicaid in-home service programs, MI Choice, and the Veterans Administration home and community based service program. The exact number of consumers receiving these services is difficult to calculate because some service definitions, such as respite, include the performance of PC/H tasks. A majority of the \$20,940,792 spent purchasing PC/H services for AAA 1-B Community Support Services participants in FY 2011 was spent on these two services.



2. Personal Care and Homemaking Service Quality

Since 2003, AAA 1-B has been measuring the quality of its community based long term care services through a telephone survey of program participants. In 2012, 344 participants were randomly selected for the AAA 1-B's annual Participant Satisfaction Survey, conducted by SPEC Associates. The survey questions are very similar to the Administration on Aging's (AoA) recommended performance measurement indicators for care management and homemaking services. This means that AAA 1-B's survey results are aligned with AoA's efforts to meet the federal accountability requirements of the Government Performance and Results Act (GPRA).

The survey items measure six dimensions of quality that reflect participant satisfaction with the performance of their AAA 1-B care manager and their direct care workers. The overall results for the direct care worker report card indicate an extremely high level of satisfaction with their provider organizations and direct care workers. Key findings:

- 90% of participants agree that the worker does things the way that they should be done
- 91% indicate their worker does not leave too early
- 96% agree their worker treats them or their relative with respect
- 94% believe their worker takes an interest in them or their relative as a person
- 84% of participants would recommend their worker to a friend or family member in need of personal care
- The poorest worker rating (66%) is because the worker does not do things that the participant wants done, which often is attributed to the participant wanting more choices and services than funding limitations allow or restrictions on the types of services allowed under the program.



3. Value for Money

In-Kind Benefits

An unreported aspect of the personal care and homemaking services is that it is provided by a legion of caring and compassionate direct care workers who regularly go above and beyond the call of duty to support program participants and let them know that someone cares for them as individuals. The Area Agency on Aging 1-B’s 2012 survey of personal care and homemaking vendors documented the extent to which this dedicated workforce takes time away from their own families and gives from their own personal resources to better the lives of the program participants that they serve. These extra in-kind acts of human compassion, which are not paid for with public funding, not only give meaning to the lives of disabled participants, but also add value to the benefits of personal care and homemaking assistance.

For comparison, the table below lists various companies which provide personal assistance services identical to the services that personal care workers often provide free of charge for program participants. Examples of services offered by these companies are prescription pick-up, help with reading and organizing mail, preparing for the holidays, grocery or clothes shopping, pet care, and transportation to and from medical appointments. Some of these services are similar to those that a direct care worker is required to perform on the job, however many workers are inclined to do more than their job description and even provide services on their own time as an in-kind contribution to the participant.

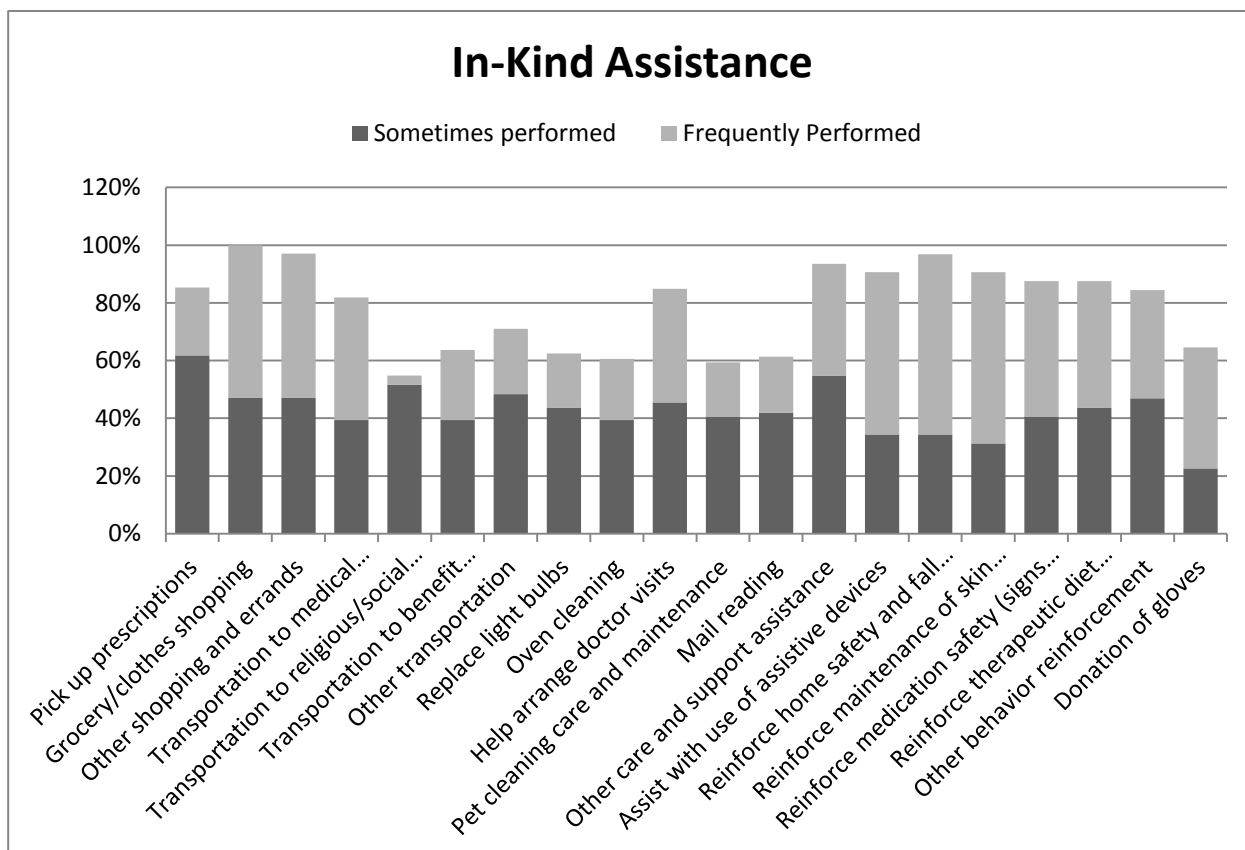
Service Provider and Location	Hourly rate
Store to Door Errands and More (Holly, MI)	\$22.50 (with senior discount)
My Busy Butterfly (Brighton, MI)	\$30
Household Solutions (Oakland and Macomb counties, MI)	\$21+
Busy Busters (Oakland and Wayne counties, MI)	\$25



Personal Care and Homemaking Services for Older Adults and Adults with a Disability

The survey of care provider agencies found that direct care workers sometimes or frequently perform the following extra tasks on their own time as an in-kind donation to benefit the health and wellness of the care recipient:

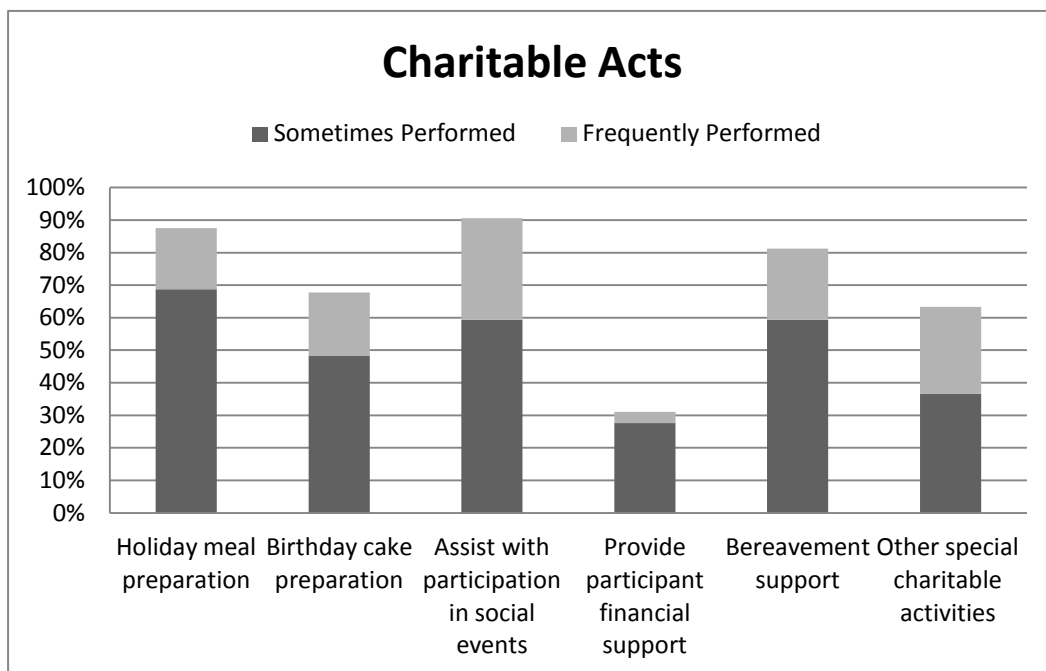
- Reinforce safety practices such as fall prevention (97% of workers reported sometimes or frequently providing this service), skin integrity maintenance (91%), use of assistive devices (94%), diet compliance (88%) and medication safety (88%)
- Assist with errands such as picking up prescriptions (85%), grocery or clothes shopping (100%) or other miscellaneous errands (97%)
- Provide transportation to medical appointments (82%), benefit appointments (64%) and religious or social functions (55%)
- Assist with tasks around the home, like reading the mail (61%) and pet maintenance (59%)
- Donate items such as gloves (65%) or other care related supplies (50%)



For many personal care and homemaking participants, the direct care workers who are in their lives and homes become close friends and companions. The care and assistance that they offer is sometimes a valuable supplement to the support that their family provides, and sometimes the individual's only source of familial relationships. Whether the participant has other family or not, the direct care workers often demonstrate their support and affection by donating their personal time and resources to share in special moments with participants.

Direct care workers sometimes or frequently perform the following charitable acts of kindness for participants:

- Prepare and share holidays meals with participants (88% of workers reported sometimes or frequently performing this charitable act)
- Participate in celebratory events such as birthdays (68%)
- Provide extra assistance when helping participants get ready for special social events (91%)
- Provide bereavement support (81%)
- Engage in special charitable activities that benefit personal care and homemaking participants directly, such as organizing or supporting fundraisers (63%)

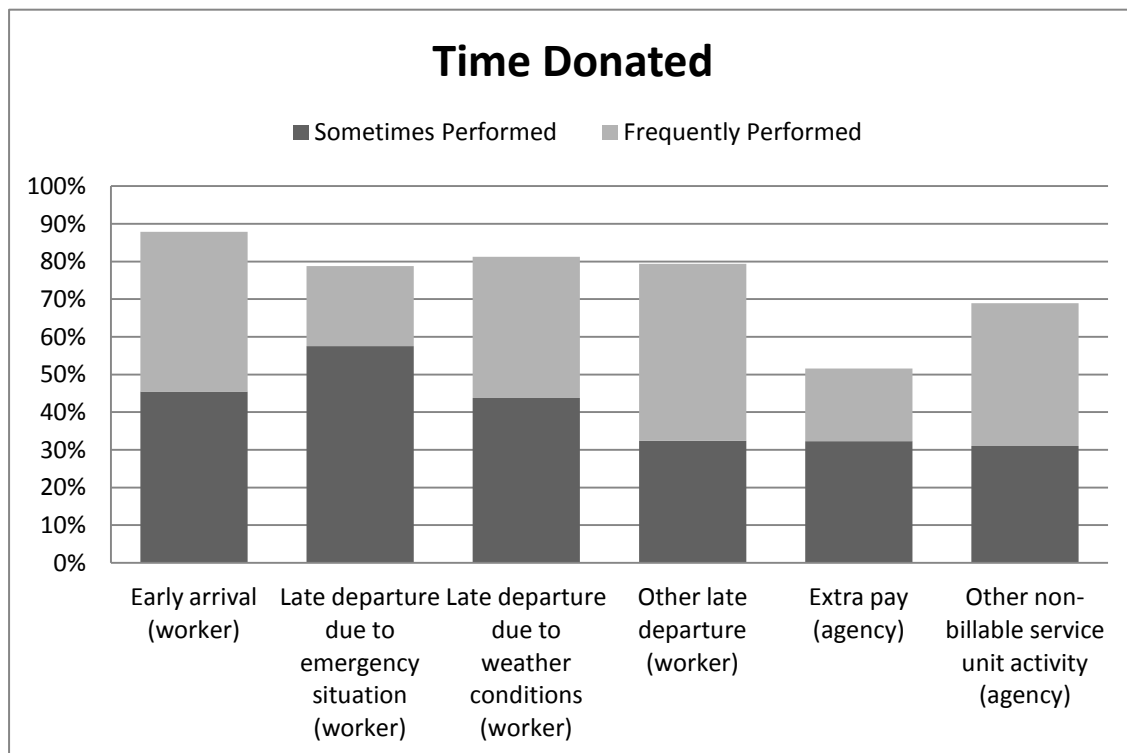


Personal Care and Homemaking Services for Older Adults and Adults with a Disability

Many direct care workers are so dedicated to the well being of the participants that when extra time is required to perform regular duties, they add value to the service by donating time to help the participants even when they are not reimbursed for their extra time. In other cases, such as when one employee works overtime to cover for another employee, it is the agency that adds value to the service by covering the cost of overtime pay. The generous contributions of both direct care workers and the agencies that employ them help ensure that participants stay safe, healthy, and receive quality care, demonstrating that the service they are giving the participant is extremely valuable.

The following are situations in which direct care workers sometimes or frequently donate their time for the benefit of the participant:

- Arriving at the home earlier than scheduled (88% of workers reported sometimes or frequently donating their time in this way)
- Staying later than scheduled at a participant's home due to an emergency situation (79%), poor weather (82%), or any other reason (79%)
- Working overtime to cover for another employee who could not work (51%)



Training

The direct care workers who provide personal care and homemaking services in the home are required to receive training provided by their service provider agency at least twice each year. This documented staff training is designed to increase their knowledge and understanding of the program, the aging process, and to improve skills at tasks performed in the provision of service. Issues addressed under the aging process may include, though are not limited to, cultural diversity, dementia, cognitive impairment, mental illness, abuse and exploitation. There is no additional payment or reimbursement to the provider organizations for providing this training; it is a cost that is absorbed by the provider at no cost to the state. Most direct care workers are paid for this training time by the provider organization at their regular hourly wage.

Cost Comparison with Private Market Rates

A shopper survey of local private home care agencies in April, 2013 showed that the services provided by the pool of AAA 1-B in-home service vendors provide the same quality homemaking and personal care services as local private home care companies for significantly less cost. The cost difference amounts to \$3.44 for every hour of homemaking services and \$5.64 less for every hour of personal care services. If the savings generated by the AAA 1-B were extended statewide to the almost 11,000 older Michiganians¹ receiving more than 532,394 hours¹ of personal care or homemaking services each year subsidized by Older Americans Act or state funds, the annual savings to the state and taxpayers would total about \$2.3 million.

The hourly rates for personal care and homemaking services as reported to a telephone surveyor on the phone inquiring about 4 hours of care per day for 3 days each week are represented in the tables below.

Homemaking Services

Homemaking services refers to tasks such as mopping, sweeping, vacuuming, laundry and ironing, meal preparation, and errand running². In 2011 299,100 hours of homemaking services were purchased using Older Americans Act or state funds. If those hours had been purchased at private market rates instead of the AAA 1-B's negotiated hourly rate of \$16.36, participants and taxpayers could have paid an additional \$1 million more than necessary.

If all regions of the state purchase personal care and homemaking at the discount level that the AAA 1-B receives, the savings to the state and taxpayers is \$2.3 million for Office of Services to the Aging programs, and \$35 million for MI Choice annually.

¹ 2011 Michigan Aging Information System NAPIS Participant and Service Report

² All agencies charge an extra mileage fee for errands run or transportation provided using an agency vehicle or the caregiver's personal vehicle.



Personal Care and Homemaking Services for Older Adults and Adults with a Disability

Homemaking Services						
Agency	AAA 1-B	Senior Helpers (Bloomfield Hills, Troy, Novi, Livonia, Farmington)	Comfort Keepers (Monroe County)	Beaumont Hospital Helping Hands	Home Instead Senior Care (Ann Arbor)	Arcadia Home Care (Birmingham)
Hourly Rate	\$15.60-16.80	\$18	\$21 + trip surcharge	\$20	\$21	\$19
Average Hourly Rate	\$16.36	\$19.80				
AAA 1-B hourly rate is \$3.44 (17%) less than private companies						

Personal Care Services

Personal care refers to tasks such as assistance with bathing, toileting, grooming, dressing, and medication reminders. In 2011, Michigan's aging network service providers and vendors provided 233,294 hours of personal care services through Older Americans Act or state funds. If the purchase of service savings were comparable to the level in Region 1-B, the system saved participants and taxpayers approximately than \$1.3 million.

Personal Care Services						
Agency	AAA 1-B	Senior Helpers (Bloomfield Hills, Troy, Novi, Livonia, Farmington)	Comfort Keepers (Monroe County)	Beaumont Hospital Helping Hands	Home Instead Senior Care (Ann Arbor)	Arcadia Home Care (Birmingham)
Hourly Rate	\$15.60-16.80 (average is \$16.36)	\$22	\$21 + trip surcharge	\$20	\$23	\$24
Average Hourly Rate	\$16.36	\$22.00				
AAA 1-B hourly rate is \$5.64 (26%) less than private companies						



Services purchased through MI Choice

In FY 2012, the AAA 1-B Mi Choice program purchased 183,165 hours of homemaking services. If these hours were purchased at the average private rate of \$19.80 per hour, a total of \$4,029,630 would be spent purchasing those services. Using MI Choice funds administered through the AAA 1-B, those same hours were purchased for only \$2,996,579, a savings of more than \$630,000.

AAA 1-B MI Choice funds were used to purchase 511,421 hours of Personal Care services in FY 2012. These hours purchased at \$22 per hour would cost \$11,251,262. Purchased through the AAA 1-B, the cost for these services was actually \$8,366,848, saving more than \$2,884,000.

The aggregate savings of personal care and homemaking services purchased by MI Choice dollars administered by the AAA 1-B is about \$3,514,500. Considering that the AAA 1-B serves approximately 10% of the state's MI Choice population, it suggests that the state saves about \$35 million through personal care and homemaking service purchased by MI Choice Waiver Agents.

Other cost comparison benchmarks

For participants receiving personal care and homemaking services as well as taxpayers, it is clear that the greatest value on the dollar is achieved through the AAA 1-B's provider network that is utilized to provide MI Choice, Older Americans Act, and state-funded in-home services. The following additional benchmark cost data substantiates this fact:

- The national average cost for care ranges from \$18.75 per hour for companionship services to \$22.37 per hour for home health services. (Source: NPDA Private Duty Home Care Industry Fact Sheet & NPDA State of Caregiving Industry Survey)
- Private health insurance firms in Michigan currently compensate home health care providers at rates ranging from \$17.00/hour to \$19.92/hour for home health aide services.
- Plante Moran conducted a survey on behalf of AAA Michigan to determine attendant care cost compensation to home care providers for the positions of home health aides, high tech aides, licensed practical nurses, and registered nurse. Seventy-five home care providers serving over 33,000 patients annually responded. (Source: 2011 AAA Michigan Attendant Care Compensation Participant Survey Results). According to Plante and Moran:
 - Home health care employers pay an average home health aide \$12.56/hour. Compensation at a per visit rate is \$22.48/visit. Compensation for a live-in home health aide is \$3600/month. Thus, in order to be profitable, home health care providers must charge private insurance firms \$17.00/hour at a minimum for home health aide services
- The average annual cost of one nursing home resident is \$69,715. The average annual cost of one assisted living facility resident is \$36,372. (Source: National Private Duty Association-NPDA-Private Duty Home Care Industry Fact Sheet & MetLife Market Survey of Nursing Home & Assisted Living Costs)



Personal Care and Homemaking Services for Older Adults and Adults with a Disability

- Seniors who want to remain in their home can often do so cost effectively with a few hours of care a week. For example, 20 hours of companionship home care a week costs approximately \$1,500 a month or an average annual cost of \$18,000, (Source: NPDA Private Duty Home Care Industry Fact Sheet & NPDA State of Caregiving Industry Survey)

Job Creation

Home care companies estimate that between 75% to 85% of their costs are for labor, meaning the vast majority of public funding for personal care and homemaking services are used to directly pay wages and create jobs.

The majority of personal care and homemaking services purchased by the AAA 1-B are done through the MI Choice Medicaid waiver program. This program has proven its value as a cost effective alternative to nursing home care for certain individuals, serving three individuals for the cost of one in a nursing home. A 2011 study by Yong Li, Assistant Professor, Department of Public Health, Indiana University School of Public Health, prepared for the Area Agency on Aging 1-B and The Senior Alliance, quantified the job creation and economic benefits of MI Choice. The study analyzes the impact of state funding and its leveraging of federal funds, as well as the economic “multiplier effect” as those dollars ripple through the state’s economy by using the Regional Input-Output Modeling System (RIMS II) developed by the US Bureau of Economic Analysis.

Based on the study’s analysis, for every \$1 million in state funds allocated through the MI Choice program, we can expect:

- An additional \$2.7 million in federal matching funds to Michigan (based on federal matching rate of 73.27)
- Create 110 new jobs
- Return \$110,000 in tax revenues to the state (including individual and business income taxes, sales tax, property tax and licensing fees)

Public/Consumer Prioritization

Region 1-B stakeholders for older adult services rate personal care and homemaking services among the most valued services from among all programs supported in the region with state or federal Older Americans Act funds. A 2013 AAA 1-B priority survey of older adults, advocates, service providers, and decision makers found that these community services were among the highest ranked programs of the 24 programs supported by the AAA 1-B, with personal care ranked third to home delivered meals and information and assistance, and homemaking services ranked tenth.



4. Positive Outcomes

Impact on Consumers

The impact that personal care and homemaking services have on the lives of program participants can best be measured when comparing their outcomes with those who have comparable needs but do not receive services. The AAA 1-B examined individuals who were placed on the in-home service wait lists for home and community-based services by following up with them approximately two years after being placed on the wait list, and comparing the outcomes of those who did receive services with those who did not receive services. The comparison of what happens when older adults go on wait lists and do not receive any help found:

- They are more than five times more likely to end up in a nursing home within two years than individuals who receive services (3.6% vs. 22%).
- The mortality rate for those not receiving services was much higher - 477 per 1,000 died, while only 352 per thousand who received help had died.
- The study found that two years after going on the AAA 1-B wait list, 76% of those who received some help were still in their own home, but only 56% of those who received no help were still at home.

Clearly the provision of personal care and homemaking services has a significant positive impact on the lives of service recipients.

Impact on Family Caregivers

The comparison of wait listed individuals who did and did not receive services also examined the impact on their family caregivers. Among working caregivers whose loved one did not receive services, three out of four reported that caregiving interfered with their work; only one in four who received services reported that caregiving interfered with their ability to work.

Impact on Indirect Care Beneficiaries

A unique aspect of personal care and homemaking services provided to consumers with a disability is that in 30% of participant households, another individual is present in the home, usually a spouse who is also a caregiver. It is not uncommon for the 'caregiving' spouse to have a nearly equal level of disability, and to also benefit directly or indirectly from the personal care and homemaking provided to the participant. It is not uncommon in these spouse caregiver situations to find it difficult to distinguish which spouse is the participant and which spouse is the caregiver. This important support for vulnerable individuals and their caregivers provides significant value to 1) the participant who is dependent on assistance for independent living, 2) the caregiver, and 3) significant value for money to the state and taxpayers, who subsidize the support and services. The AAA 1-B provider survey quantified the impact of these benefits for these Indirect Beneficiaries and found the following:



Personal Care and Homemaking Services for Older Adults and Adults with a Disability

- In approximately 14% of all households served, there is another resident who is dependent on the provision of personal care or homemaking service to their loved one in order to maintain the secondary resident's health, including preventing an illness or injury due to caregiving that could result in injury. Forty six percent of Indirect Beneficiaries would be at risk of a decline in health status or possible hospitalization if the residual benefits they receive from the provision of personal care or homemaking service to their dependant spouse were lost according to the provider survey.
- If a hospitalization is prevented in just one in five of these cases, the savings in hospital costs to public payers like Medicare and Medicaid would be over \$500,000 annually in Region 1-B.
- An AAA 1-B study found that caregivers of loved ones who did not receive in-home services were three times more likely to report that their caregiving responsibilities caused them serious health problems.

Bending the Cost Curve of Expensive Health Care Entitlement Programs

In 2012 the Area Agency on Aging 1-B (AAA 1-B) completed a survey of vendor organizations that provide personal care and homemaking under the authorization of the agency for the MI Choice Medicaid waiver program, as well as with state and federal funds allocated through the Michigan Office of Services to the Aging. The survey measured the value and outcomes of these two services for older adults and adults with a disability who depend on these programs to remain living independently in the community. The preliminary results show significant impact on the lives of personal care and homemaking consumers in six region 1-B counties; Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw.

At the time of the survey was conducted, personal care and homemaking services were available through up to 97 vendor agencies that were in the AAA 1-B's fiscal year 2012 provider pool, which includes private and non profit organizations, including mostly home care agencies. A unique aspect of personal care and homemaking services provided to consumers with a disability is that 94% of the vendor organizations have a nurse or other staff to respond to participant calls and needs after business hours, 24 hours per day when they have concerns regarding their care. This important support for our region's most vulnerable residents, which is not a state requirement, provides significant value to the consumer who is dependent on assistance for independent living, and significant value for money to the state and taxpayers, who subsidize the support and services. The survey quantified the impact of this 24 hour on call benefit and found the following:

- The typical personal care/homemaking vendor receives three after hour calls from AAA 1-B participants each day, and during the typical week, the 97 AAA 1-B vendor organizations field 1,671 calls.



- 21% (351) of participant after hour calls are for medical reasons. Annually, about 21 of these calls results in a patient being sent to hospital emergency department.
- However, 20% (334) of all after hour calls are believed to prevent a hospital emergency department visit and/or admission. The Centers for Medicare and Medicaid Services states the average cost of a hospital stay for projecting savings for Medicare fee for service patients at \$9,600 per admission, and the 2009 Medical Expenditure Panel Survey estimated the average emergency department visit to cost \$1,318. If only half of these patients would have been admitted to a hospital by the emergency department, these vendor actions saved approximately
- \$1.6 million in avoidable hospital costs and
- \$220,000 in avoidable emergency room department costs annually.
- In addition, 40% of all participant after hour calls result in action being taken by the vendor agency staff to initiate coordination of the participant's care and contact with the participant's care manager, physician, family members, or other caregivers.



5. Literature Review of Personal Care and Homemaking Outcomes

The existing body of literature is not conclusive when it comes to the measurable outcomes of personal care and homemaking interventions. Some studies have shown no evidence of positive outcomes, but others suggest that effective personal care or homemaking assistance programs could help older adults to stay in their home longer, prevent elder abuse, stay in good health and physical safety, and participate in more social interaction. The following reports and studies were obtained through databases such as Family and Society Studies Worldwide, Social Services Abstracts, and Google Scholar. The search terms used were variations and combinations of "personal care," "assistance," "homemaking," "outcomes," "elderly," "services," "home care," "home," and "community."

Personal care services enabled older adults to remain in their communities³

In order to explore the extent to which the use of home and community based services predicts various residential transitions, researchers collected and analyzed data from the Second Longitudinal Study of Aging, published in 2002. The sample size was 5,294 people over the age of 70 who were non-institutionalized at the beginning of the six year study.

Included in the analysis was information about the use of paid personal care service (PC). They found that although in many cases a nursing home admission was inevitable, the use of home- and community-based services together with discretionary services such as PC predicted that older adults would remain in their community for a longer time than they would without the services. Using a variety of types of PC in small amounts also predicted a successful transition from a skilled nursing facility back to the community. A greater amount of or more frequent use of PC was an indicator that the person needed more intensive care and would likely transition into a residential facility in the near future.

Homemaking services reduced elder abuse⁴

Project CARE in Montreal, Canada, performed a study to evaluate the success of various intervention strategies with older adults who had been abused. They analyzed qualitative data from surveys completed by Project CARE social workers, nurses, and physical and occupational therapists about 83 abuse cases seen during the time of the study.

The qualifications assigned to a "successful" intervention were that the abuse is reduced or stopped or that the problem identified is partially or completely resolved. The data revealed that the third

³Chen, Y., Adams Thompson, E., Berkowitz, B., Young, H. M., & Ward, D. (2011). Factors and home- and community-based services (HCBS) that predict older adults' residential transitions. *Journal of Service Science and Management*, 4, 368.

⁴Nahmiash, D., & Reis, M. (2001). Most successful intervention strategies for abused older adults. *Journal of Elder Abuse & Neglect*, 12(3-4), 53-70. doi: 10.1300/J084v12n03_03

most successful strategy for treating abused older adults was concrete services provided by trained homemakers, such as personal hygiene, baths, and light housekeeping. The article states that the homemakers also "establish trusting relationships with the seniors, which helps to diminish their social isolation and increase the empowerment of the abused person." This intervention strategy was preceded in effectiveness by medical intervention with the care receiver (most successful,) and preventing the abuse through support and counseling to the care giver (second most successful.)

Post-acute services were not successful in preventing hospital readmission among CHF patients⁵

An analysis of discharged elderly patients with a congestive heart failure (CHF) diagnosis was performed to determine the effect of formal and informal post-acute services on hospital readmissions. The data was collected from a project called Adequacy of Home Care Plans for Chronically Ill Elderly, and the sample size was 192 cases. Formal services are defined as the use of nursing care, ADL assistance, or IADL assistance from a paid helper, and informal services are the same types of care provided from an unpaid helper.

The authors found no evidence to suggest that use of services - formal, informal, and a combination of the two - reduced hospital readmission. The variables they found that did predict readmission were length of CHF history and compliance with medication.

Grocery delivery service did not improve nutrition outcomes, but did promote social interaction and access to other health services⁶

In order to determine the link between services provided to residents of public housing and health outcomes, this study designed a quasi-experimental test. Residents of three buildings belonging to the Seattle Housing Authority's Low Income Public Housing of Seattle's were provided with a grocery delivery service, among others such as resource referral, case management, translation, and mental health services. The health outcomes of these residents were measured against residents in four buildings which did not receive such services, based on surveys. There were 310 valid survey responses, 48 of which were grocery delivery service users.

Users of the grocery delivery service did not show significant improvement in their diet quality, measured by the amount of fruits and vegetables they consume each day, but they did show significantly better outcomes than non-users in other areas. They reported more social interaction, fewer visits to the emergency room, more influenza vaccinations, and more mammography screenings. The authors theorize that these outcomes are due to the fact that users of the grocery delivery service could be more likely to utilize other home- and community-based services as well.

Inadequate personal assistance linked with physical danger⁷

⁵ Li, H., Morrow-Howell, N., & Proctor, E. K. (2004). Post-acute home care and hospital readmission of elderly patients with congestive heart failure. *Health and Social Work, 29*(4), 275.

⁶ Siu, C. (2009). *Impacts of nutrition and human services interventions on the health of elderly and disabled persons in public housing*. Congressional Hunger Center.



This study used a nationally representative sample of community-dwelling older adults to determine the correlation between an unmet need for ADL assistance and negative consequences that result from unmet needs. Negative consequences consist of outcomes such as being scalded by bathing water that was too hot, not being able to eat when hungry, or not being able to walk enough to use the bathroom. Data was gathered from the Second Supplement on Aging to the 1994 National Health Interview Survey.

From the survey data, the authors determined that respondents with low annual household income, who lived alone, and who had difficulty performing an increasing number of ADL's were at increased risk of having an unmet need for assistance. Likewise, experiencing negative consequences due to unmet need was correlated with lower income and an increasing level of ADL disability. Overall, one fifth of those needing help reported that they needed more assistance and half of those reported a negative consequence as a result of that unmet need.

⁷ Desai, M. M., Lentzner, H. R., & Dawson Weeks, J. (2001). Unmet need for personal assistance with activities of daily living among older adults. *The Gerontologist*, 41(1), 82.

6. Conclusions

The AAA 1-B is concerned about growing pressure to reduce public funding for Older Americans Act and Older Michigianians Act services due to the growing federal deficit, state indifference to the unmet needs of older Michigianians, lost revenues to local governments, reduced local senior millage funds related to the decline in property values and planned reductions in the personal property tax, and increasing competition for limited public resources from other health and human service systems. Advocacy efforts to protect and enhance older adult services depend on our ability to demonstrate irrefutably that these programs: are high quality; cost effective; and produce desirable outcomes for consumers, family caregivers, funders and the community at large. All public expenditures are being put under increasing scrutiny to assess their value and the return on investment that they offer society.

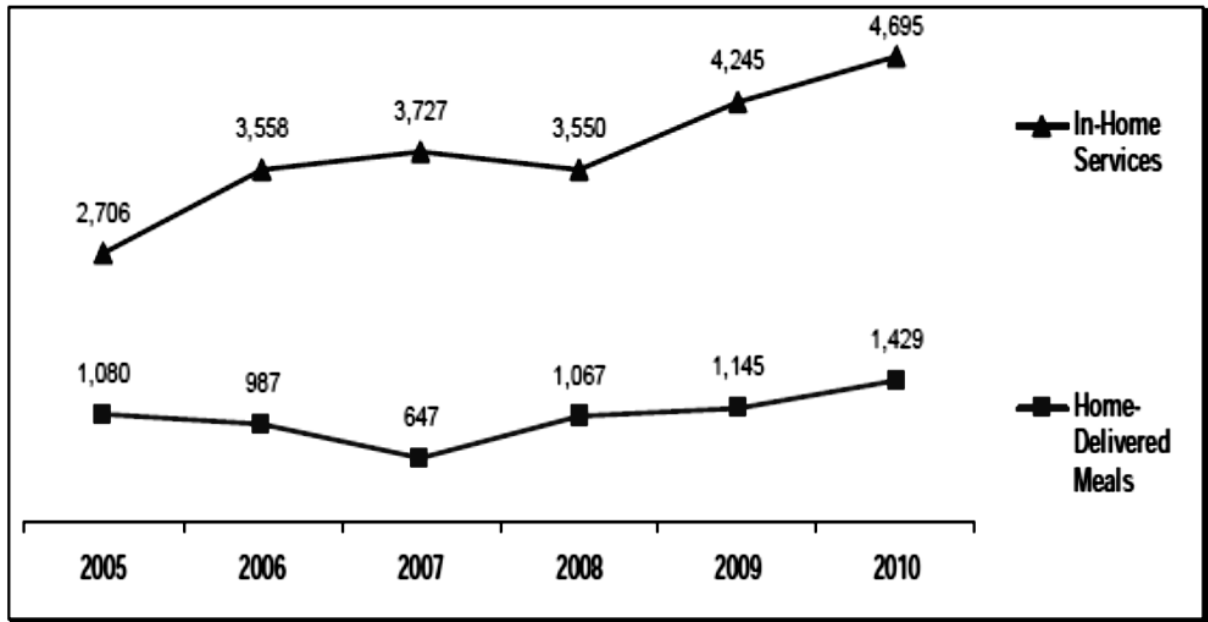
The AAA 1-B believes that home and community-based services offered to older adults through the AAA 1-B are valuable and offer participants, their families, the community and taxpayers a significant return on the investment of public resources. This report documents that the region's network of personal care and homemaking service providers, which includes private and non profit home care companies and non profit community service agencies, meet and in most cases exceed the expectations of government supported programs.

- The programs produce positive desired outcomes for participants, family caregivers, taxpayers, and other third party payers including government entitlement programs like Medicare and Medicaid.
- The programs provide exceptional quality support to individuals with a disability and family caregivers, and produce quality performance results that far exceed what can be found in most industries and organizations.
- The programs represent a high value to payers by setting rates that are far below what is available in the private market, and an amazing array of tangible and intangible value added benefits that result from a network of providers and direct care workers who are driven by the organization's mission, profound humanistic values, and a compassion for enhancing the lives of the population served.
- The programs leverage additional public and private resources, and make a significant contribution to the economy.

Unfortunately, as the graph below depicts, there are too many older Michigianians and adults with a disability that need personal care and homemaking supports, but do not receive assistance and join the growing number of people on wait lists.



Fig. 72 Waiting List Totals 2005-2010



These wait lists show only part of the unmet need story in Michigan. While many do receive services, a significant number of people need a greater frequency of service than is able to be authorized, and instead experience a rationing of service. The AAA 1-B study of the outcomes for wait listed individuals showed that those unlucky and remain on wait lists are much more likely to suffer a forced move to a more restrictive setting, poorer health outcomes, and even death.



7. Recommendations

1. It is recommended that Congress and the Michigan Legislature increase, and not cut, in-home services funding (Older Americans Act Part III-B, and the Office of Services to the Aging's Community Services line items) because of the program's: growing demand; meaningful contribution to the continued independence of vulnerable older Michigianians; proven positive outcomes; outstanding value to taxpayers; impact of federal funding reductions; and significant contributions to Michigan's economy through leveraging additional funds which multiply their economic impact and job creation.
2. It is recommended that each personal care and homemaking provider systematically collect, analyze, and report data that measures the program impact on at least two program outcomes. Among the potential program outcomes that could be selected for measurement are:
 - Benefits to indirect caregivers
 - Response to afterhours calls from participants, including the outcomes
 - Impact on family caregivers
3. It is recommended that further research be conducted to better quantify impact of personal care and homemaking services on utilization of more expensive health care services such as hospital admissions and length of stay, emergency room visits, and nursing home admission, through an outcomes demonstration with at least two Region 1-B personal care and/or homemaking providers.

