

OLDER IOWANS

Position Statement

NASW, Iowa Chapter, believes older Iowans should have access to quality medical care, services and support in an appropriate setting, either in their own homes or other facilities, based on their individual needs. NASW recognizes the need to balance the issues of safety, cost containment and informed choice.

Discussion

The population of Iowans over age 60 is rapidly increasing, and the group that is 80 and over is increasing more rapidly than any other age group (Department of Elder Affairs [DEA], 2001). Fifteen percent of the entire population in Iowa is over 65 (Iowa Insurance Division [IID], 2007). Iowa ranks fourth in the nation for individuals over 65, and second in the nation in the percentage of people aged 85 and over (IID, 2007). Individuals in this older age category are more frequently women who are living alone and in poverty.

Many aging individuals want to continue living in their homes. A 2002 survey by the American Association of Retired Persons (AARP) found that among adults aged 50 and over, 79% stated that it was important to continue living in their home as long as possible; the rate increased to 83% for individuals aged 75 and over. The lack of affordable services in rural areas has resulted in individuals residing in nursing homes when they do not require such a high level of care or moving from their local communities to access needed care and services. Iowa has the highest rate of older citizens residing in nursing home and assisted living facilities of all states (IID, 2007).

Home and community based services (HCBS), such as home health aides, homemakers, nursing care, and home delivered meals, are designed to allow individuals to remain in their homes. Funded by Medicaid, the Iowa Senior Living Trust, the Older Americans Act, the National Family Care-giver Program, local and private pay funds, these services prevent premature or unnecessary institutionalization and reduce the overall cost of long-term care. According to Results Iowa (2007), 15,705 low- and moderate-income older Iowans were assisted through the Senior Living Program in 2007, and this assistance was instrumental in allowing them to remain safely in their homes. The average annual cost per Iowan is less than \$517 while the typical monthly cost in a nursing home setting is \$3,000 (Results Iowa, 2007). Facility placement is delayed by 18 to 24 months for older Iowans receiving community services, and an average of 55 older Iowans can receive services in their homes for every one individual in a facility (State of Iowa Offer Report, 2007). HCBS providers, under the Title XIX/Medicaid waiver system, received a 3% increase in reimbursement in fiscal year 2006 after 10 years of increases below 2% (DEA, 2006a).

Options to older Iowans is an important step in the Elder Abuse Initiative, which focuses on the “prevention, intervention, detection and reporting of elder abuse, neglect and exploitation” (DEA, 2007a). In the 2007 fiscal year, 175 individuals were able to remain in their own homes rather than be admitted to a facility (DEA, 2007a) due to the Initiative. The Iowa Department of Human Services investigated 430 cases of dependent adult abuse between July and December of 2007 involving a dependent adult age 65 and over, abuse was founded in 23 percent of the cases (Iowa Department of Human Services [DHS], 2008). While dependent adult abuse includes individuals 65 and older, it does not include all abuse cases involving individuals 65 and older. Iowa does not currently have a definition specific to elder abuse.

The Iowa Senior Living Program, funded through the Senior Living Trust under the auspices of the DEA and implemented locally by the thirteen Area Agencies on Aging, was introduced in 2000 when Iowa sought to address the growing need for affordable health care services. However, funds have been diverted from the Senior Living Trust to meet other state budget obligations, particularly the Medicaid program, thereby constraining the Senior Living Program and resulting in unmet needs for elderly Iowans across the state. While the diverted funds have been partially restored in recent years, the funds in the SLT will eventually be exhausted creating a need for alternative funding sources..

The need for a substitute decision-maker increases with age, and many adults do not have a trusted family member or friend to serve in this capacity. According to a survey conducted in 2005 (DEA, 2006b), over 44,500 older Iowans were in need for a substitute decision maker at that time, and over 19,000 of these individuals did not have an appropriate family member or friend to serve as a guardian or conservator. An estimated 1,426 of these older Iowans received a higher level of care than needed; however, they could not be moved due to the lack of a substitute decision maker. The Office is intended to reduce incidents of abuse and exploitation, to assist in determining the appropriate level of care, and to provide access to needed services for adults who cannot provide consent. In the 2007 legislative session, the Iowa legislature appropriated \$250,000 to the program; however, approximately \$636,000 was requested (DEA, 2007b).

In addition, the DEA's Case Management Program for Frail Elders (CMPFE) is intended to provide information and assistance to Iowans over age 65 at no cost. CMPFE helps older Iowans navigate and find services best suited to their needs, thus allowing them to remain in their homes rather than seeking costly nursing home care (Results Iowa, 2007). In 2007, approximately 10,500 older Iowans received support through CMPFE; however, the need exceeds DEA's ability to provide services (Results Iowa, 2007).

Long-term care insurance was originally created to cover nursing home care, and changes such as the assisted living facilities and home healthcare were not options. With 124,594 long-term care insurance policies in place in Iowa, Long-term care insurance pays about four to five percent of rising long-term care costs in facilities (IID, 2007). IID receives approximately 2200 complaints per year, and 5.5% of these involve long-term care insurance. Reasons for complaints may be attributed to lack of clear understanding by consumers about policies, poor customer service by insurance carriers, and lack of authority by IID to resolve factual disputes.

Many Iowans, particularly older Iowans on fixed incomes, need to balance the cost of healthcare and medications with other basic living expenses. Some of these individuals are not covered by private insurance and are not eligible for Medicaid. Some older Iowans must choose between the purchase of medication or the purchase of food.

Recommendations

Given this background, NASW recommends that the state of Iowa:

- Provide an appropriate Medicaid reimbursement rate to expand the menu of services available in communities across the state.
- Provide funding to allow DEA to deliver education to consumers and technical assistance as a means for providing more quality.
- Restore all funds diverted from the Senior Living Trust to preserve the program, or create funding streams to replace the SLT funding.
- Fully fund the Office of Substitute Decision Making.
- Affirm the basic protection of Older Iowans right to long-term care insurance through the development of standardized terminology/definition/general education, creation of a claim denial review system and establishment of a consumer protection unit.
- Explore options to reduce the medication costs of Older Iowans.

In order for older Iowans to maintain a high quality of life, Iowa should provide a variety of medical care, services, and supports. This variety will ensure opportunities are available as the need increases.

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