

ULSTER COUNTY
BLUE RIBBON HEALTHCARE SERVICES ADVISORY PANEL
LONG TERM CARE COMMITTEE REPORT

LONG TERM CARE CONTINUUM

During the last 25 years, the nation has experienced an evolution of services under the umbrella term “long term care.” This occurred as a result of a significant increase in the longevity of adult Americans, a shift in life style, improved management and outcomes of chronic illnesses, changes in extended family migrations, and a paradigm shift in health care delivery.

Current options range from assistance with chores through volunteer networks, and from retirement communities to episodic acute hospital care. Initiatives vary widely across different geographic areas. Recently, some innovative work is being done around “Naturally Occurring Retirement Communities.” Targeted social support, health and other supportive services are brought to community residents who have aged in place or who may have naturally migrated together. Hospitals are no longer able to provide anything but episodic care with stays limited by diagnostic related group (DRG) caps or ambulatory services which are intensive or interventional.

Other services include Adult Day Care (supervised day time group activities of daily living and socialization), Senior Centers, Respite Care (support and relief for primary care givers), Continuing Care Retirement Communities (a seamless range of services from the retirement independent stage to skilled care), Rehabilitation Programs (provision of therapies aimed at restoring function), and Home Health Care, Assisted Living, and Nursing Homes.

The Primary Long Term Care Providers:

Despite declines in length of stay, and in percentages of older individuals being admitted, Nursing Homes remain the dominant component of the long term

care continuum. The other two large provider groups are Assisted Living Centers and Home Health Care.

Home Health Care is delivered in the individual's home and aims to provide the person the option to remain there. Services range from basic assistance with household chores to skilled nursing and other therapeutic services, including infusion therapies, respirator care and hospice services. The full array of services may only be available in concentrated population areas due to the high cost of bringing skilled professionals to individuals living in rural areas.

Assisted Living Services, known by many different names across the U.S., provide apartment style accommodations, usually in state licensed facilities. Services are designed to bridge the gap between independent living and nursing home care. This arrangement provides relatively independent seniors with supervision, assistance, and limited health services in a home-like environment. Options include meal services, 24 hour oversight, transportation, housekeeping, medication oversight, social activities, and housekeeping services. Associated costs and funding options vary widely. In New York State, counties are prohibited by law from owning or operating Assisted Living facilities.

Nursing Homes provide skilled nursing care and rehabilitation services to people with illnesses, injuries, or functional disabilities. Most facilities serve elderly patients. Most nursing homes now focus their attention on rehabilitation and on returning their residents either to their home or to a lower level of care. Some facilities, including county nursing homes, also provide services and safety nets for younger individuals with lower clinical but higher behavioral management needs. These individuals maybe bariatric patients, developmentally or mentally disabled individuals, severe dementia patients, and those requiring drug and alcohol rehabilitation. Associated costs and reimbursements vary significantly for these cohort groups.

References:

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