

# Milwaukee Jewish Council for Community Relations

## Statement on Older Adult Services

*Cast me not off in time of old age; when my strength fails, forsake me not. Ps. 71.9*

*Honor thy father and thy mother. Exodus 20:12*

Approved by Domestic Public Policy Task Force 4/11/00

Approved by Executive Committee 5/8/00

Approved by Board of Directors, 5/17/00

### **Background:**

Jewish values teach us that older people deserve deference and respect. According to Rabbi Issi ben Yehuda, we are obligated to honor those who are old, regardless of their income or level of education (Kiddushin 32b-33b). Fulfilling this obligation, the Jewish community provides support for a wide range of services to the elderly including nursing homes, assisted living, Jewish family service agencies, and Jewish community centers that sustain and provide for the basic health and welfare needs of older adults.

Today, older Americans make up 13% of the U.S. population and that number will rise to 20% over the next thirty years. In addition, the oldest old, those age 85 and older, who are most in need of supportive services, will more than double from 3.9 million to 8.5 million. The percentage of older adults within the Jewish community is higher than in the general community; nationally, over 19% of the Jewish community is over age 65 and the fastest growing segment of this population is over age 85.

Locally, adults age 65 and older make up 20% of the Milwaukee Jewish community, as compared to 13% for Greater Milwaukee, and that percentage of elderly is growing. While income levels for older Jews in Greater Milwaukee are higher than for the community at large, 40% of Jews over 65 have incomes of under \$25,000; and 23% of Jews over 65 have incomes under \$15,000.

As the number of older adults grows, and as seniors increasingly strive to remain in their homes and require supportive services, there will be a substantial and growing proportion of the Jewish community in need of supportive services. Our community has traditionally relied on family members to provide assistance to their senior relatives. Increasingly, however, such relatives work outside the home or are too frail to care for other family members. In addition, family members may not live in close proximity to one another.

**Jewish Community Service Providers:** In Milwaukee, the Jewish community provides support to four major service providers to the Jewish elderly: the Jewish Community Center, Jewish Family Services, the Jewish Home and Care Center and Sinai Samaritan Medical Center. In addition, the Milwaukee Jewish Federation owns 160 units of subsidized (low-income) senior adult housing.

**Definitions:** **Long term care** is a continuum of services which provides the essentials of life and may include personal care, housekeeping, transportation, housing, nutrition, and/or healthcare. Long term care is provided in people's homes, in nursing homes, in small and large residential facilities or group homes, and in day care centers.

## What Are the Issues?

Americans are living longer, resulting in a growing need for supportive services and long term care. Because of modern medicine and prescription drugs, older adults are able to live longer and remain in their own homes instead of receiving care in a hospital or long term care facility; however, public funding has not changed to reflect this progress. While Medicare provides coverage for most older adults eligible for hospital and/or short term nursing home care, coverage does not include most home and community based care, long stays in nursing homes, or prescription drugs. Access to quality, affordable health care, secure places to live, and transportation that accommodates declines in mobility are preconditions for active, productive aging. What's wrong with the current system?

- **Complexity.** The system is too complicated. The process for learning about and accessing government programs and community resources is fragmented, confusing, and intimidating. For example, at least 40 public programs provide funding for long term care, each with a different set of eligibility criteria and covered services.
- **Essential services not covered.** One of our major funding programs, Medicare, does not cover essential services including most home and community based long term care services, long stays in nursing homes, and prescription drugs. To be eligible for long-term care services and prescription drugs paid for by Medicaid, you have to become impoverished. It's an all or nothing program designed for those with very few resources.
- **Limited coverage of long term care.** Coverage of costly long term care services is limited. The current system entitles eligible people to hospital based care and nursing home care, but not to less formal and often preferred home and community services. In Wisconsin, almost 11,000 people are on a waiting list for our Community Options Program (COP) which funds home and community supports and services for older adults and people with disabilities. People on the waiting list who exhaust their own financial resources have no choice but to leave their home and move to a nursing home, even though it may be less costly for them to receive care at home. Many people on the waiting list have died, without receiving the funding they needed for community based services.

The majority of elderly citizens are unable to afford private long term care health insurance, although it is an option for some people.

- **Shortage of caregivers.** We are facing a caregiving crisis: limited availability of caregivers and a fast growing need for caregivers in both community and institutional settings. Reimbursement rates for caregiving are low and the work is demanding and stressful. There is a need for exploration of innovative strategies to recruit and train caregivers and to improve reimbursement rates, as well as recognition of the informal care givers who provide critical long term care services to millions of dependent family members.
- **Limited medication coverage.** Prescription medicines play as vital a role in health care today as hospitals did when Medicare was created. But even though we know that prescription drugs -- when properly used -- can help Americans avoid some hospital stays entirely, today, millions of older adults lack coverage and millions more are at risk for losing it.
- **Loss of consumer choice.** The growing prevalence of managed care plans providing coverage for Medicare and Medicaid recipients has resulted in a loss of consumer choice. Because of plan restrictions, older adults may not be able to continue seeing the family physician they have a lifetime relationship with; they may not be able to select a long term care facility that is near their family or that is religiously appropriate.

## **Principles for Older Adult Services**

The Council's positions on specific proposals for provision and funding of older adult services will be based on the principles described below. Support for any particular proposal will be considered within the framework of these principles and reflect the degree to which they advance these goals.

### **Leave no one behind**

All older adults should have access to affordable, quality housing; nutrition; health care; long term care; health insurance; and transportation. Access to services should not be limited by income, language, religion, race, ethnicity, gender, sexual orientation, or physical or cognitive disabilities. Older adults are entitled to live free of abuse - physical abuse, financial/material abuse, emotional abuse, sexual abuse and neglect. To ensure access to services, it is vital that family members and social service professionals serve as advocates for older adults, especially those who are frail and/or cognitively impaired. We support equitable funding of services for older adults to allow them to live out their lives in good health, with dignity and security.

### **Affordability**

Many seniors face financial hardships and are unable to afford essentials such as housing, health care, prescription drugs, and the necessary supportive services that allow them to maintain their independence. **Seniors shouldn't be forced to choose between their health care needs and their housing needs or between heating and eating.** To allow our elderly to live their lives with dignity, older adult services must be affordable.

We support the provision of government funding based on the individual's need for financial assistance, and the use of sliding fee scales based on income. In addition, our health delivery systems should promote prevention and preventive care to reduce the need for care and to treat illnesses before they become more complex and costly. There is a need for adequately funded monitoring systems and appropriate oversight bodies, to ensure appropriate use of public dollars.

### **Quality**

Older adults are entitled to receive quality care. We define quality as including but not limited to the following criteria:

- Service provision affirms the dignity of older adults.
- People who use services are involved in decision-making.
- Safety and rights are protected.
- Quality is measured by comparing how well people thrive with the care they receive.
- Older adults receive the help they need to remain independent as long as possible.
- An understandable and simple process is in place for learning about and accessing government programs and community resources.
- Caregivers receive appropriate training, support, and reimbursement.
- Parity coverage of comprehensive health care services including mental health and rehab services.

### **Choice**

We support the right of older adults to have better choices about where they live and what kinds of supports and services they select to meet their needs. Eligible people needing long term care services should have the right to choose between institutional care, and home and community supports. We also support the right of older adults to choose a religiously affiliated facility and to maintain their choice of a care provider, even if these providers are outside of their managed care plan's network of providers.

### **Public private partnership**

The services provided to this vulnerable population by the Jewish community, as well as by other non-profit groups, are possible only through a private/public partnership. We affirm the importance of a public commitment to continue and strengthen this partnership. While private philanthropic funds have provided important support for the agencies that provide elderly services, it is public financing that allows many members of our community to access such services. Nationally, public funds account for more than half of the budgets of Jewish community agencies providing services to this population.

### **Religiously/culturally appropriate**

Because of the growing diversity of our older adult population, it is important that services are provided in a culturally sensitive manner; and that bilingual service provision is expanded. We are committed to ensuring the ability of older adults to access religiously and culturally appropriate services including housing, acute care and long-term care facilities, home care and hospice programs. This connection with their culture and traditions is essential to maintaining the integrity of the individual. For Jewish older adults, this means an environment that supports the holiday traditions, dietary laws, and Jewish culture that are essential for many Jews. Bilingual service provision is also an important need, as a significant number of Jewish community members are immigrants from the Former Soviet Union (10%). This has become a concern because of the growing prevalence of managed care plans providing coverage for Medicare and Medicaid recipients, which may not allow a client to select a religiously affiliated facility or provider if it is outside the plan's network of providers. Public funding of social services through religiously affiliated organizations must contain appropriate and effective First Amendment safeguards.

### **Action Recommendations**

Based on these principles for older adult services, the Milwaukee Jewish Council for Community Relations supports the following actions:

- Redesign of the long term care system to provide choice for consumers, eliminate waiting lists for home and community care, allow funding to follow the person, provide strong consumer protection, and provide public accountability for public dollars. The Family Care program currently being piloted in Wisconsin supports many of these principles.
- Ensuring the ability of older adults to access religiously and culturally appropriate housing, homecare, hospice, acute care and long-term care facilities.
- Increased funding of affordable housing for low and moderate-income older adults, as well as the related supportive services such as transportation and social services that are made available in such housing.
- New options for covering and containing some portion of the cost of prescription drugs.
- Recognition and support for caregivers including exploration of innovative strategies to recruit and train caregivers, to improve reimbursement rates, and to provide assistance for the informal care givers who provide critical long term care services to millions of dependent family members.
- Increased funding for elder abuse investigation and services, including education and outreach.
- Reauthorization of the Older Americans Act funded programs which include a wide range of home and community-based services with the goal of keeping frail older persons independent and living in their own homes as long as possible, avoiding premature institutionalization.