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The Salt Lake Tribune

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Fewer Utahns may get in-home care

Economy » Budget crunch may shrink programs to help elderly avoid nursing homes

By Lisa Rosetta
The Salt Lake Tribune

Updated: 10/09/2009 11:09:25 PM MDT

Provo » Kent Wadsworth is alone. The 79-year-old has no living relatives, no friends. He lives in a tiny, one-bedroom apartment in a low-income complex -- a "blessing," he says, because the walls are close enough together he can steady himself against them and keep from falling.

Partially crippled by a stroke, Wadsworth was unable to keep up his apartment and was nearly evicted. That's when the Mountainland Department of Aging and Family Services got involved.

Through the state-funded Alternatives Program, Wadsworth got help with household chores and grocery shopping. Mary, his aide, is "an excellent worker. She does my laundry and fixes things up around the apartment" -- tasks, Wadsworth said, that "would take me very long to do."

For people like Wadsworth, help like this means the difference between living semi-independently and moving into an assisted living facility or nursing home. For the state, it can mean saving big money on expensive around-the-clock care.

But the program -- and a similar one offered to Utah seniors through Medicaid -- is facing cutbacks because of budget woes.

A cheaper alternative » In Utah, the average yearly cost of a nursing home is \$53,473, said Scott McBeth, director of Mountainland's Department of Aging and Family Services, which serves Summit, Utah and Wasatch counties.

It takes the average person just six

months to burn through their assets -- then most qualify for Medicaid, the publicly-funded insurance plan, which picks up the tab, he said.

The Alternatives Program, on the other hand, needs a yearly average of just \$4,000 to provide in-home help to an adult 18 and older who is low income and at risk of being placed in a nursing home.

The program's \$4 million budget was cut by \$500,000 last legislative session. However, that money was replaced by federal stimulus dollars under the American Recovery and Reinvestment Act money, said Nels Holmgren, director of the Utah Division of Aging and Adult Services.

Unless that one-time funding is replaced by the start of fiscal year 2011, the Alternatives Program -- which each year helps some 1,100 people get in-home care -- will have no choice but to serve 150 fewer people.

Kelli Polcha, Alternatives Program manager for Salt Lake County Aging, estimates her program alone would lose \$175,000 and serve 50 fewer people.

Holmgren said the program would reduce its size through attrition, so people wouldn't be suddenly dropped. But it will increase the time others have to wait to get into the program, which already has an applicant list 700 names long. His department, in tandem with the state's 12 area agencies on aging, plan to ask the Legislature to restore the money.

Medicaid home help struggling » The Alternatives Program isn't the only one hurting from the state's budget crunch.

Medicaid's Aging Waiver Program -- considered an "optional" program by the federal government -- helps

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Kent Wadsworth is a senior who is able to get... (Steve Griffin / The Salt Lake Tribune)

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seniors 65 and older who have medical needs to live outside an institution. But for at least a year, it has placed a moratorium on new enrollment.

What's more, it hasn't increased its payments to providers for two decades, said Dan Hull, executive director of the Utah Association for Home Care. Two years ago, providers finally got a much-needed bump in pay -- but it only lasted four months before it was rolled back by the Legislature.

"I work hard just to try to keep providers doing it," he said.

About one-quarter of the state's providers have dropped their Aging Waiver clients, said Lincoln Nehring, state Medicaid director for the Utah Health Policy Project.

"So even if we took (out) everyone in the nursing home who could benefit from it" to save money, he said, "it wouldn't work."

Hull said last spring, Intermountain Healthcare stopped providing personal care services to hundreds of patients, in part because it was losing money. Those patients -- as has been the case when other providers have pulled out -- were absorbed by those left in the market.

"We haven't seen any huge adverse problem -- yet," Hull said. "But we're right on the edge now because we have providers who have been assimilating all of the other people. ... and those are getting so few now. And they're saying we can't take anymore now because it financially penalizes us."

Hull fears without help, many seniors will try to scratch by on their own before going to a nursing home.

"The simple things we provide -- bathing, supervision of medication and food -- those are the three basic things that keep them safe," he said.

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Staying home » Wadsworth, who is also diabetic and has high blood pressure, likes to grab his worn out checkerboard and drive his electric wheelchair to a nearby park on nice days. There, he says, he "hustles" passersby for a quick game.

Or he may zoom around the corner to Albertson's, where he'll stock up on his two favorite drinks: milk and Diet Sunkist.

At home, he passes his time designing games, writing books and dabbling in mathematical formulas. His white tennis shoes are visibly scuffed and worn, and his gray and white striped sweater is unraveling. But he values his independence.

Going to a nursing home, for now, isn't an appealing option.

"It sounds terrible to have people wait on me and hover over me," he said.

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