



Elder Law Guys: Who will take care of me when I'm old and gray?

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The need for assistance for a person with disabilities comes in many forms and scenarios. In our practice, we counsel and assist people with varying conditions from birth injuries to catastrophic accident victims to elderly people whose faculties and physical condition have declined over time.

There is one constant with anyone living with a long-term disability — they need some help. Depending on the type of assistance needed, the delivery and location of these services can vary greatly.

We've discussed activities of daily living (ADLs) before, a term that describes various physical and mental activity thresholds used as measuring devices to determine a person's level of care need.

Some people just need to be guided periodically to enable them to live relatively independent lives. Others have serious chronic medical conditions that require medical attention around the clock. The population of our country has been aging for decades, and the high point of concentration with the Baby Boomers coming of a certain age is looming on the horizon, if not here already for many of them.

Caregivers work in both home- and facility-based settings. The care needed and provided in both settings can range drastically as stated above.

And it's expensive — probably the most expensive thing you'll pay for in your life, dwarfing other big-ticket expenditures like purchasing a home or paying for college. (For those of you who are first-time readers of this column thinking Medicare or a Medicare Advantage plan pays for this, it doesn't!)

So, we have an increased population forming that we as a nation have been monitoring for years and we also have witnessed the cost of long-term care skyrocket in the past two decades.

What have we done to prepare for this paradigm shift? You would think that we as a nation would increase funding significantly to provide care for fragile individuals with disabilities and increase the workforce to care for them as well as improve and expand long-term health care facilities to deal with the influx of patients.

We're afraid we've got some bad news.

The opposite has happened. Funding has not increased measurably, and the workforce has decreased. This, in turn, is causing major long term care providers to shut down their nursing homes or seek some other consolidating measures to reduce their financial losses.

It's happening here in the Pittsburgh area. It all spells trouble to a generation that saw this coming.

Let's face it — caregivers are saints for what they do. We entrust the lives of our loved ones to them. Their skill set and compassion for their work and patients is far more advanced than someone flipping burgers — yet they are often being paid less to do so much more.

The result is that caregivers have been leaving the workforce in droves, a trend that was further accelerated by the pandemic. They may never return without a realistic incentive.

What's left are a limited number of highly sought-after caregivers being paid premium wages by various providers. That eventually drives the provider's revenues into the red. Frequently we are seeing first-class long-term care facilities closing their doors permanently. This reduces the available selection for families and forces them into less than desirable facilities and/or locations.

Why don't they just go (stay) at home? What will happen to all these people who are discharged from facilities that close?

Well, there is a practical aging waiver program that used to work pretty well. People who did not require intensive skilled nursing care could use Medicaid dollars to pay a caregiver to take care of them in their homes.

But we noticed a couple years ago when the pandemic surged that there were just no more caregivers available. So, this program has been severely hampered and suffers the same fate as Medicaid funded nursing homes and other care settings based on antiquated state reimbursement rates.

A significant majority of nursing home residents are covered through Medicaid payments (70% or so). If that payment is less than the cost of providing the care such that a facility is losing money every day caring for that resident, what incentive is there to staying open?

Lest you think we simply discuss the issues without offering a solution. Here's something to think about.

Let's finally make funding long-term care a priority in Pennsylvania (and, this country) so people can age with dignity and safety. It's a generational thing and this generation is stuck with paying for it.

Our tax dollars are allocated to rebuilding bridges and other important projects. Meanwhile, funding the care for the elderly was very low on the list of items discussed during the midterm elections recently.

We need to make caregiving more attractive financially to those who are willing to do it. Someday you may be counting on these caregivers and institutions to take care of you.

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