



Programs help people get out of extended care facilities and back into a home of their own

Posted by Elizabeth Shaw | The Flint Journal February 16, 2009 18:00PM

DAVISON, Michigan -- Richard Carr never imagined he'd end up facing the rest of his life in a four-bed ward in a Fenton nursing home.

But that's exactly where the former New York City cab driver found himself in the spring of 2007, after his third major heart attack. He was 56.

Flint Journal extras Home alone

- More than 7 million elderly people have some form of disability requiring assistance.
- The annual average cost of institutional care for people with disabilities is more than double the annual average cost of providing home- and community-based services.
- About \$3 out of every \$4 in Medicaid long-term care funds go toward institutional care (nursing homes) rather than home and community-based care.

Source: National Conference of State Legislatures

To learn more about home- and community-based alternatives to nursing home care:

- The Disability network Nursing Home Transition Program, (810) 742-1800
- Valley Area Agency on Aging MI-Choice Program, (810) 239-7671

Like Carr, many people with limited means end up in an extended care facility after a severe illness or injury, only to discover they've reached a dead end with no way out.

But there is a way back home. Programs such as The Disability Network's Nursing Home Transition (funded through fines paid to the state by nursing homes for inspection violations) and the Valley Area Agency on Aging's MI-Choice (funded by the Michigan Department of Community Health) provide hands-on help and financial assistance to help people live independently again.

"A lot have lost their job and home while they're there. They're on Medicaid and a fixed income, with no way to save the money to ever get a place of their own again," said Kathy McGeathy of The Disability Network, an advocacy group for people with disabilities.

Carr said the care he received at the nursing home got him back on his feet. But then it became a prison.

"You sit there every day in bed, you wake up with nothing to do. Your main objective is to occupy yourself somehow," said Carr, who was there nearly two years without a family or job to help pave the way out.

"You watch TV, read a book, walk to the other rooms to visit. Some would talk to you, some were doped up to the point they couldn't do anything," he said. "You just keep asking yourself: Is this it? Am I ever getting out of here again?"

"What happens is they get to a point where they want to live independently again. They feel like someone is running their life and they don't want that anymore. But there's no way out," said Tamika Bragg, a transition coordinator for the Disability Network.

"A lot lose hope and become depressed. Having a home of their own again means everything. It's like their heaven. They feel in control again because it's theirs."

Even daily nursing care, medical support equipment and respite services can often be supplied at home and can actually lower Medicaid costs, said Lea Mix, community access services director at VAAA.

"In reality there's always some cases where it's not possible. But we have many people who end up carrying out the rest of their lives in their own home and never go into a nursing facility at all," said Mix.

The biggest challenge is making sure they have good family support, said Bragg.

"Sometimes families think it's easier to have them in a facility where they don't have to worry. But once we explain all the things that can be put in place, they tend to calm down."

Still, the transition can be a daunting task. The hurdles to be jumped can seem endless. Will a wheelchair fit through the doorways? Who will shop for groceries or cook the meals? Is there a way to safely get in and out of the shower?

An average transition costs about \$3,000, said McGeathy, and can include finding suitable housing, paying the first month's rent, deposit and utilities, furnishing it and arranging for extra care needs and support services.

One young mother couldn't return to her husband and three children because their home couldn't accommodate her wheelchair. Bragg finally found a handicap-accessible house large enough for the whole family in the Montrose area.

"Our goal is not just to place them, but to place them where we know they'll survive and not be stretched with their budget," said Bragg.

Carr now lives at Lockwood of Davison, a senior living complex.

"My first night here I couldn't sleep for nothing. It was too quiet. In the nursing home it was 24-hour noise -- alarms going off, people moaning and screaming, a roommate who snores," he said. "I got up and just sat there, looking at the TV. Eventually I got tired and stretched out and took a nap on my

bed."

His first meal: a pepperoni pizza with extra cheese.

"Naturally in the nursing home they don't give you pizza. I pigged out on that like a little kid eating candy," he said, laughing.

"It's the independence, your privacy, the ability to come and go as you please. You don't have to ask permission from nobody. Once all that's taken away, you're lost."

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