

'I would ask the dear Lord to go ahead and take me'



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Angeline DiBeneditto, left, talks with Amy Linkovich, case manager with Connecticut Community Care, in her Waterbury home. Changes in aid programs could force DiBeneditto to move into a nursing home and away from the block where she has lived for 87 years.

Seniors pinched by new charges for home care

BY STEPHANIE REITZ
ASSOCIATED PRESS

WATERBURY — Rising property taxes, failing eyesight and even a tumble that cracked her tailbone haven't forced 89-year-old Angeline DiBeneditto from the home she's had for more than six decades.

Now, though, changes in a Connecticut program that helps her and others live independently could push her toward a nursing home after all if she can't scrounge at least \$180 more from her monthly budget.

DiBeneditto, who's lived on

the same block for 87 of her 89 years, said that if it appears she'll need to move to a nursing home rather than continue living independently, "I would ask the dear Lord to go ahead and take me."

As states struggle with red ink, more seniors like DiBeneditto face new fees or lengthy waiting lists for in-home services like meal deliveries, personal care assistants and visiting nurses.

They have just enough assets that they don't qualify for such

COMPARING THE COSTS

The U.S. average annual cost per person to care for seniors:

\$75,190

\$18,000

At-home care

Nursing home

Source: AARP Public Policy Institute/AP

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services through Medicaid, but are likely to end up in nursing homes — at a much higher state and federal cost — without the help of their state-funded programs.

Officials say the fees and waiting lists, while difficult, are necessary to preserve the home care programs from elimination altogether.

In Connecticut, more than 5,100 clients of its Home Care for Elders Program now pay 15 percent of their services' costs. Advocates for the elderly say many can't afford it, and state figures show 275 people have dropped out of the program since the charges went into effect Jan. 1.

Other states are also struggling with funding for their home care programs, even as aging baby boomers join a population of older people living longer than ever before.

In Florida, Gov. Charlie Crist wants the current \$7.9 million preserved for its state-funded program serving 3,700 clients — but that depends on the Florida Legislature, which sets the budget in its new session. Seniors advocates fear the program could see cuts as lawmakers seek ways to reduce spending.

Arizona's midyear budget cuts include \$1.6 million in the services, and social service officials say they're looking into instituting a sliding fee scale. And in North Carolina, the issue has landed in court in a dispute over creating a scoring system to determine how many hours of in-home care can be provided to clients.

Advocates for senior citizens nationwide say the in-home care programs have two benefits: Helping people meet their strong desire to age in their own homes, and saving Medicaid and private dollars by avoiding more costly nursing homes.

Nationally, the average yearly cost of nursing home care is \$75,190, according to the AARP Public Policy Institute. Having in-home services such as Meals on Wheels and



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Angeline DiBeneditto of Waterbury looks at a dinner she received from Meals on Wheels.

visits three times a week from a health aide average \$18,000 a year.

"From the public policy perspective, it is shortsighted at best to reduce these services. We're trying so hard to bring about a rebalancing in our long-term care system, and this flies in the face of that," said Molly Rees Gavin, president of Connecticut Community Care Inc., one of the providers of in-home services.

In Connecticut, at-home care averages just over \$12,000 yearly. For a nursing facility, it's \$66,000, or about five and a half times more.

Some Connecticut seniors are now paying up to \$400 monthly under the new surcharge, though the average is \$152, depending on services received. Some have moved in with family, and others are starting to deplete their assets to qualify for the services or a nursing home under Medicaid.

"I don't want to go anywhere. I can make it OK right now, but I'm just about neck and neck between my income and what I pay out each month," said DiBeneditto, who receives \$1,400 monthly from Social Security and a small pension from a department store job.

The money she puts aside for property taxes bumps her over the \$1,600 asset limit to qualify for help under Medicaid.

Connecticut Gov. M. Jodi Rell initially proposed freezing the program, keeping services for those already enrolled while creating a waiting list for others. The Connecticut General Assembly adopted the 15 percent surcharge instead, saying that would at least keep the services available to more people.

Legislative committees are now considering a proposal to drop that surcharge to 5 percent.

To cut their surcharge, some seniors on Connecticut's home-care program already are cutting back on certain services. That means showering less often so they need fewer visits from home care workers or getting fewer Meals on Wheels deliveries, according to agencies that provide the services under state contracts.

The agencies say they plan to monitor what happens to people who've dropped out of the program: whether they move in with family, move to a nursing home or try to remain at home without the help.

"I don't think it's a foregone conclusion for everyone in the program that they can't pay the cost share and will end up in an institution, but there's a concern that some may fall through the cracks," said Julie Evans Starr, director of Connecticut's Commission on Aging.

Associated Press writers Gary D. Robertson in Raleigh, N.C., Bill Kaczor in Tallahassee, Fla., and Paul Davenport in Phoenix contributed to this report.