An analysis of the alternative health service project and it's effect on the elderly

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ABSTRACT
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An Analysis of the Alternative Health Service Project and It's Effect on the Elderly.

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The objective of this study is to examine the effect of existing nursing home services on the elderly. In addition, it will also examine the effectiveness of the Alternative Health Service Project. The services provided under the project include: Alternative Living Services (adult foster care, boarding care, congregate living); Home Delivered Services (home health services and personal care assistance); and Adult Day Rehabilitation (ambulatory health care and health related supportive services in a day center.

AHS clients reside in two of Georgia's ten Department of Human Resources districts, District III (Atlanta), District X (Athens), are 50 years old or older, and either reside in a nursing home or have been certified for nursing home care prior to receiving project services. All potential clients receive a health and social needs assessment. Of those persons who are felt to be appropriate for alternative services, 75 percent are referred to service group, the remainder are assigned to a control group and are not offered AHS services. The existence of the
control group allows AHS to compare the effectiveness of project services with nursing home care and other services available in the community. Since the population of the elderly in this community is increasing yearly, the availability of various services to address their needs is imperative. Until recently, the nursing homes are the only care centers available to the elderly. The various documented abuses by these nursing homes demand that alternatives should be found. The Alternative Health Service is one that is being presently explored. The main sources of information were Georgia Department of Medical Assistance Annual Reports and interviews with clients. In addition, the writer used other publications such as books, periodicals and journals.
AN ANALYSIS OF THE ALTERNATIVE HEALTH SERVICE PROJECT AND IT'S EFFECT ON THE ELDERLY

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I. INTRODUCTION

Men and women in their later years learn that their problems of aging are now a major concern not only to themselves and their families but their physicians, the hospitals, and the taxpayers. The elderly are confronted with a steady stream of complicated and confusing information related to their health, housing, transportation, nutrition, premature nursing home placement, and the way in which they spend their time and money.

Approximately two-thirds of all persons 65 or older in the United States now live in urban communities. A study by the Atlanta Regional Commission reveals that, "the old man who formerly aged happily and gracefully on his farm often finds himself in a city trying to live in a poor apartment on less money than he needs to meet a bare standard of living; 30 years ago, if he worked for a company he could stay on as long as he could do his work well; today he is deprived of his job at 65, medical science has lengthened his years; he must go on living; he must eat and keep a roof over his head."¹

Housing needs greatly impact on the ability of an older person to maintain independent living status in the community. Again, income determines to a large extent the ability of persons to secure and maintain safe, decent housing. The elderly

population's housing problems are compounded by the physical and/or financial inability of this group to maintain a home during their old age. This often results in their placement in nursing homes. The elderly have been plagued with numerous social and medical problems, ranging from poor and inadequate health care services to unnecessary nursing home placement. The objective of this study is to examine the effect of existing nursing home services on the elderly. In addition, it will also examine the effectiveness of the project.
II. THE PROBLEM AND ITS SETTING

The State of Georgia, Department of Medical Assistance, received funds from the Department of Health, Education and Welfare, Health Care Financing Administration for a demonstration project. The Project was designed to test the cost-effectiveness of a comprehensive system of community-based care arrangements for the elderly. The Project became known as the "Alternative Health Services Project."²

The Alternative Health Services Project is a three-year demonstration project funded by the Federal Government in 1976. After the expiration of the initial agreement in 1976, the contract for the project was extended for another two years. Because it is an experimental project, the Department of Health, Education and Welfare is allowing Medicaid funds to be used to provide certain health care services such as: home health aid, home maker services, and so forth, those which cannot be provided under present federal regulations. The expanded services provide the project with the flexibility and opportunity to develop a cohesive, integrated service delivery system.

The purpose of the project is to provide a cohesive continuum of services which meets client needs in a more effective and efficient fashion than the present limited alternatives such as; nursing home placement. Project participants must be

eligible for Medicaid and be 50 years of age or older, and have a physical health problem. They face the possibility of placement in a nursing home within a few months without the project services or are residing in a nursing home when admitted to the project.

The Alternative Health Service Project was designed to test alternatives to nursing home care for persons who would otherwise be placed in institutions, because no other options were available to them. The specific services offered under the demonstration project are:

1. **Adult Day Rehabilitation.**—This service provides occasional or routine services to the client, designed to restore or maintain functioning and to prevent deterioration of client health status. Care is provided at specially developed adult rehabilitation centers on an ambulatory basis.

2. **Home Delivered Services.**—These services provide skilled health care, as well as homemaker and chore services, to the elderly person in his or her home.

3. **Alternative Living Services.**—This service places the elderly person in a foster home with a family, or in a specialized boarding home or congregate living arrangement. These placements provide hotel-type services and personal care assistance on as-needed basis.\(^3\)

All three of these services are designed to provide needed care for the participating elderly, while allowing them to retain a maximum amount of independence in the community as well as autonomy in pursuing current lifestyles and maintaining contacts with relatives and friends.

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\(^3\)Ibid., pp. 2-3.
The writer served as an intern with the Alternative Health Service Project which is a division within the Georgia Department of Medical Assistance from May 1, 1978 to September 1, 1978. The writer's main assignment was in the field to explain the purpose of the project to potential clients as well as to conduct interviews with these clients. Potential clients were referred to the writer by the staff, members of the community, the staff of community hospitals, mental hospitals, family members, friends, nursing homes and community service agencies. After receiving a referral, appointments were made with the client in his/her home in order to conduct an interview. This interview consisted of answering a questionnaire provided by Alternative Health Service (See Appendix A). This questionnaire provided the project with health and social information on the client. After the completion of the interview, the questionnaire and other relevant information were taken back to the Alternative Health Service office by the writer and evaluated by an assessment team (composed of a nurse, medical social worker and the writer). At the team conference, all information was evaluated along with the medical and social profile of the client. After the term conference, the client was assigned to a service or control group on a random basis. Reports were then filed with the medical social worker and director of the project. In addition, notification forms were sent to the clients to inform him/her of the outcome of the evaluation of their application.

The writer also attended numerous monthly conferences which alternated between Atlanta and Athens. The purpose of
these conferences was to discuss and evaluate the project itself, problems facing the project, referrals, client intake procedure and the feasibility of the project becoming state-wide.

The Statement of the Problem

There are usually five major barriers to health care delivery to older Americans, namely:

(1) Rising medical costs which have outpriced all but the most affluent elderly.

(2) Lack of coverage under Medicare which denies needed services for millions of older people ineligible for Medicaid but too poor to pay for such services out of their pockets. Medicare, as presently constituted does not cover enough critical, medically related services required by older people--drugs, dentistry, medical appliances, mental health care, physical therapy and home health services.

(3) Fragmentation and depersonalization of health and medical services which prevent an older person from receiving required broad and comprehensive medical care.

(4) Greater number of more serious, multiple health and medical problems, which require considerable recurrent medical care.

(5) Lack of a quality health care center.4

In addition to these five major barriers to effective health care delivery to the elderly, the single most important problem plaguing them is the premature commitment to the nursing home. Rather than rendering needed services to the elderly, many nursing homes have become instruments by which unscrupulous

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4Hearings before the Subcommittee on Health of the Elderly of the Special Committee on Aging, U.S. Senate (March 5 & 6 1975).
and shrewd businessmen have amassed fortunes. The problem associated with nursing homes abuses have become so rampant and widespread that the United States Congress authorized a hearing on the operations of these homes in 1976. Some of these nursing homes are nothing more than dungeons unfit for human habitation. In light of these problems, various organizations and groups have called for the establishment of alternatives to nursing home care.

Premature nursing home placement is also a barrier to effective health care delivery because the person is not aware of the alternatives available to him/her. Any effective health delivery service system or alternatives must satisfy the basic needs as well as the emotional needs of the elderly person.  

5Paymond Harris, M.D., "Breaking the Barriers to Better Health Care Delivery for the Aged," Gerontologist, (Feb. 1975), p. 4-5.
III. AN ANALYSIS OF THE PROBLEM

Most elderly people in this country encounter difficulties in growing older because they are faced with the miserable choice between receiving total care in the so-called total care institutions, that is, in nursing homes. The inadequacies of institutional care in meeting the needs of the elderly demand that viable alternatives to institutional care be explored.

It has been very difficult until recently to define "the nursing home." Over the years, historians, surveyors, and state regulations have variously lumped together motley assortments of care-giving facilities in the name of "nursing home care." In earlier days, one survey approach defined as a "nursing home" as any facility that provided as much as 15 hours a week of staff time from a person with some nursing capability. In spite of the definitional problems of the past, this study will focus on the categories that have evolved as a result of massive federal participation in financing nursing home care. There are three kinds of facilities that care for large numbers of people with a history of mental and physical illness namely "the so-called skilled nursing facility and the

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7Ibid., p. 15
so-called intermediate care facility, both of which provide long-term care for poor people under Title XX of the Social Security Amendments ("Medicaid"), plus a sheltered setting which ordinarily does not, and in some jurisdiction may not, have trained nursing personnel on its staff.\(^8\)

Investigations into nursing homes and other long-stay health facilities have been conducted by Senator Frank Moss who headed the Subcommittee on Long-Term Care of the Special Committee on Aging. The preponderance of testimony taken by the Committee and the reports it issued have been very negative and critical of nursing homes. They reported that some nursing homes were fire hazard and unsafe; buildings were unclean and the patients receive poor care.\(^9\)

Robert N. Butler, a psychiatrist and Myrna I. Lewis, a social worker, whose dedication to the needs of the aged is unquestionable, had this to say in one of their publications:

There are...some excellent homes in which emphasis is on meeting need in every way possible within financial limits. But the remainder of homes run the gamut from filthy and unsafe to clean but cheerless and depressing. The worst of the homes are firetraps, with filthy living conditions and neglect of patient care. Nutrition is often inadequate. Poor food-handling standards have resulted in food poisoning. Personal abuse on the part of the staff toward patients can occur because the older people are ill, vulnerable, and unable to defend themselves and the staff may be untrained, unmotivated, and improperly supervised. The majority of nursing home administrators themselves have had

\(^8\)Ibid., p. 17

\(^9\)Subcommittee on Long-Term Care, Special Committee on Aging, U.S. Senate, "Nursing Home Care in the U.S.: Failure in Public Policy," (1976).
no specific training directly related to their work .... There is a shortage of physician services, skilled nursing care, dental care, social services, and psychiatric care. Patients often are overmedicated and deprived of any responsibility or decision-making on their own behalf.10

A 1974 HEW survey of a sample of 295 nursing homes in forty-seven states gave rise to "some serious concerns," according to the director of HEW's Office of Nursing Home Affairs. The survey revealed that almost half of the patients were not visited by a doctor within forty-eight hours of admission, as the law requires; that twenty percent of the patients were without prescribed diets, that bladder and bowel and other physical rehabilitation services were conspicuously lacking for most of the patients needing them, and that two-thirds of the facilities violated the standards of the Life Safety Code designed to protect residents in case of fire.11

In an article written in the "American Journal of Public Health," the writer stated that, "The fact is we need no numbers of new data to tell us about nursing home isolation, to prove that we have prepared an appallingly bleak single recourse for inform elderly people--an environment which they resort to with dread, their families use with guilt, doctors adn other professionals seldom enter, and the general public criticizes and shuns."12


Deficiencies that face many skilled nursing home and intermediate facilities include:

- Lack of activities
- Ineffective inspections and enforcement
- Profiteering
- Lack of control on drugs
- Poor care
- Unsanitary conditions
- Poor food
- Poor fire protection and other hazards to life
- Excessive charges in addition to daily rate
- Unnecessary or unauthorized use of restraints
- Negligence leading to death or injury
- Theft
- Lack of psychiatric care
- Discrimination against minority groups
- Lack of dental care
- Advance notice of state inspection
- Untrained and inadequate staff\(^\text{13}\)

Among the aforementioned deficiencies, the most serious one is the lack of trained personnel to deal with those problems stemming from, related to, and associated with the elderly. Unfamiliarity with the special needs of people in this particular phase of life stretches from the specialist physician to the nurses aide. While the situation has shown moderate improvement recently, it seems safe to say that, of the entire health care contingent in the United States, the great majority have had no special training in or exposure to the particular problems of the elderly. Many experts on aging feel that there is a clearly discernible distaste for such training, because of cultural bias against the aged, and there is much empirical evidence to suggest that this is so. Medical schools, nursing schools and schools of social work are beginning to remediate the failure

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\(^{13}\)Subcommittee on Long-Term Care, Special Committee on Aging, U.S. Senate, (1976).
to provide the knowledge needed to deal adequately with old people.

Within the nursing home, including those homes certified for Medicare and Medicaid, the necessity for pretraining of the most sizeable group of employees--the aides--has been for all practical purposes, despite some lip service in federal regulations, ignored. Largely hired "off the street," tens and tens of thousands of "patient care" personnel are largely if not totally ignorant of the particulars of caring for sick old people. Once hired, "inservice" programs have been of very limited scope.

Nursing home location was another problem which seems to inconvenience the population it serviced. One would think that a nursing home would be located in and around communities but to the contrary, a fair number are located in extremely remote, and rural areas. At the other extreme, are those located in the deteriorated inner-city where those patients able to leave the facility for walks or to go shopping do so literally at the risk of their lives. Some homes are located in low-grade industrial areas and others in entirely residential sections far removed from shops, movies, banks, parks, recreation centers, or any of the places whose services and facilities might be useful and helpful to the elderly. Some nursing homes are fortunate in that they are situated in areas

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14 Robertson, interview held at Sadie G. Mays Nursing Home, Atlanta, Georgia, February 13, 1980.
where it is safe for the patients who are ambulatory to walk, go shopping, visit libraries, visit parks and go to the banks.\textsuperscript{15}

All of the problems mentioned above face the elderly once they are placed in a nursing home environment and have a drastic effect on them as human beings. First of all, the majority of the nursing home patients would prefer to stay in their own home; but financial problems prevent them from doing so. As a result, the Social Service agencies and even members of their own families recommend placement in nursing homes because they are not aware of the different services or alternatives that are available to them. Once these people are placed in the nursing home environment, they become depressed, lonely, neglected and eventually die.

Many experts on the problem of the dependent, infirmed and aged, have been and continue to be fervid endorsers of the development of an extensive system of home helps or alternatives, so that such people can stay where the overwhelming majority of them wish to be— in their own homes. Medicaid regulations do state that home help services must be provided. But it is clear that there exists nowhere the array of services that would be needed to provide an effective means of keeping a substantial number of old people in their own homes. Apart from a few exceptions, the vast majority of old people simply do not have such services available, because there has been

\textsuperscript{15}Larry B. Arline, interview at The Town and Country Nursing Home, February 25, 1980
little emphasis on developing them.

In light of the problem discussed above, alternatives to nursing home placement are being attempted in Federally funded government projects, one of which is called Alternative Health Service Project. The project (Alternative Health Service) is offering three alternatives to the nursing home placement in two of Georgia’s ten Department of Human Resources districts, District III (Atlanta), District X (Athens). The three services that Alternative Health Project has developed are:

- Adult Day Rehabilitation (A.D.R.)
- Home Delivered Services (H.D.S.)
- Alternative Living Services (A.L.S)

All three of these services are designed to provide needed care to the participating elderly, while allowing them to retain a maximum amount of independence in the community as well as autonomy in pursuing current life styles and maintaining contacts with relatives and friends.

Since October 1976, the Alternative Health Service Project has signed on agreement with 27 providers of alternative services in three service categories:

- Adult Day Rehabilitation: 14 providers
- Home Delivered Service: 5 providers
- Alternative Living Service: 8 providers

All alternative health service providers have received technical

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16 Georgia Department of Medical Assistance, Alternative Health Service Annual Report, 1978-1979, pp. 24-25.
assistance to enhance and deliver high quality of services to the clients.

The project has over 600 clients and is adding additional clients at a rate of 30 to 50 per month. Clients in the project have been selected for placement by a randomization procedure. Preliminary data analysis on present clients indicate that 71 percent are female, 50 percent are black and their median age is 77. Some 40 percent of the clients get help with transportation, shopping, laundry, meals, and house cleaning, 40 percent receive help with bathing, and 24 percent require help with walking.17

Screening and Placement

The Alternative Health Service Project has developed a sophisticated system for evaluation and placement of potential clients referred through contacts with numerous community sources. The system includes: completion of a client screening instrument by county caseworkers, assessment by a caseworker and Medical Assessment Team (Team conference), random assignment to service or control groups and referral of service clients to the appropriate provider of such services. The project utilizes a schedule as a guide to determine whether the client is suitable for alternative services or not. This tool allows participants in the Team conference to consider both the feasibility of and the cost associated with maintaining the clients with unusual service needs in the Alternative Health

17Ibid., p. 30
Service program. This is an important consideration since almost any nursing home patient could be maintained in alternative services if there were no limitation on cost.

The selection process consists of a random computer assignment for placement. The Alternative Health Service staff has no control over this selection. It is only in the case when the cost of maintaining the client in AHS's program exceeds Medicaid payments that the staff can override the computer assignment.

The computer randomly list the clients name of a print-out sheet. There are three outcomes of the process, namely:

(1) The client is screened out as inappropriate because of the need for more intensive care than AHS can provide or because the client can function independently without AHS services.

(2) The client is assessed as appropriate and randomly assigned to the control group.

(3) The client is assessed as appropriate and randomly assigned to the service group.

The Department of Health, Education and Welfare requires the placement of clients into the control group in order to compare them with the service group.

Description of Service

As a demonstration project, Alternative Health Service has the latitude to provide certain health services which cannot be provided under present Federal Medicaid regulations. Three major service alternatives of AHS namely; Adult Day Rehabilitation, Home Delivered Service and Alternative Living Service,
have been designed to assure integrated health and social service delivery to the elderly in Georgia. Each of these general services include several components:

Adult Day Rehabilitation (ADR) - is provided within an adult day care center that organizes its own fulltime ambulatory care or contracts with a home health care. Clients served within this setting do not require 24 hour institutional care, but are not capable of full-time independent living due to physical or mental impairment. This service satisfy the participant's health maintenance and restoration needs, including therapeutic activities designed to overcome isolation often associated with illness in the aged and disabled. Transportation to and from the center is included as part of the service.

Home Delivered Service (HDS) - include the following services, single or in combination, delivered under the overall direction of an attending physician: nursing services, home health aide, speech therapy, home-maker services, home-delivered meals, chore services and occupational therapy. Medical supplies, equipment and appliances are also provided to clients who are unable to get them through other means.

Alternative Living Services (ALS) - include three types of 24-hour residential services to adults: adult home care, board-and-care and congregate living. ALS clients are provided with the level of supervision and personal care necessitated by their health status.18

The identification of the need for these services resulted from a Department of Medical Assistance recognition that existing service available to the elderly are few. These services are provided by a small number of community-based health and social service centers and nursing homes. Further, the nature and scope of the services meant that, for the most part, only slightly impaired or those with the greatest impairment were being served. The middle group, who were most immediately

18Ibid., pp. 40-43.
threatened with premature or unnecessary institutionalization, had the most limited alternatives available to them.

Obviously, a continuum of services to meet the varying dependency-related needs of elderly individuals was lacking. A range of social and health-related services was needed to provide the elderly with a variety of service alternatives appropriate for clients with either improving or deteriorating health status. And this continuum of services had to offer attractive alternative to nursing home. The Alternative Health Services are designed to make this service continuum possible.

The three basic ASH services differ substantially from those presently offered by Medicaid. For several months, therefore, Project staff negotiated with key personnel in State agencies and the State Attorney General's Office to develop uniform contracts for the Alternative Health Service project.

In order to evaluate the effectiveness of Alternative Health Service Project on the elderly, the writer will examine another project that offers alternative health services to the elderly and compare it to AHS. The Triage Project in Connecticut is also a demonstration project funded by the Federal government. Like the AHS, its operation started in 1976; and offers similar health care services as AHS, namely; rehabilitation centers, home-maker services and alternative living arrangements. However, the most serious drawback of the Triage Project is the lack of linkage between the project and other institutions and groups that deal with the elderly. The purpose of
the linkage relationship is to enable these institutions or
groups to inform the elderly about the existence of alterna-
tive services and make referrals. Triage's linkage is mainly
with social service agencies and a hospital. On the other
hand, AHS has extensive linkages with community hospitals, men-
tal hospitals, visiting nurses association, nursing homes and
social service agencies. As a result, these institutions refer
all of the elderly that need alternative health services to AHS.
Information and referral services are needed to provide a single
entry point for individuals in need of assistance. AHS provide
such an entry point for evaluation, planning, and placement of
the individual for care. Even with linkages, however, community
programs will fail unless the individual is able to enter the
care system and move through it as their need dictate. There-
fore, there must also be a process to assure that the care
given is appropriate, adequate, effective, efficient and accept-
able to the client. This is achieved by assessing the indivi-
duals needs, planning for needed care, and evaluating the out-
comes of the care provided. The Client Assessment Interview
(questionnaire), is an example of this process administered by
AHS to its clients. The Triage project administers the Patient
Appraisal Care-Planning, and Evaluation (PACE) questionnaire
to their clients but this evaluation is not as detailed or
in-depth as the one used by AHS. It is reasonable to assume

19 John Williams, "Report on the Triage Project in

20 Ibid., p. 157.
that although Triage has had some success with their project, because of their inadequate evaluation process, this success cannot measure up to that of AHS.

To this date, preliminary studies conducted by Alternative Health Service indicate that the project services improve an elderly Medicaid client's chances of remaining in the community, and surviving instead of being placed in a nursing home.21

In an attempt to assess the effectiveness of AHS services, the caseworker selected a total of 130 clients to be used is a sample survey. Of these, 100 were in the service group and 30 were assigned to the control group. However, when these interviews were conducted in March 1980, only 102 clients were located. Table 1 is a breakdown of the clients interviewed.

TABLE 1

SEMI-ANNUAL INTERVIEW COMPLETION BY SERVICE/CONTROL

<table>
<thead>
<tr>
<th>Interview Completion</th>
<th>Service (%)</th>
<th>Control (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>81%</td>
<td>70%</td>
</tr>
<tr>
<td>Not yet Obtained</td>
<td>19%</td>
<td>30%</td>
</tr>
<tr>
<td>Total %</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Number</td>
<td>(100)</td>
<td>(30)</td>
</tr>
</tbody>
</table>

Source: The 1978-1979 Alternative Health Service Annual Report-Georgia Department of Medical Assistance, Atlanta, p. 156.

In another interview, the caseworker examined the number of clients in both the service and control groups that have been sent to nursing homes or died within six months after their placement in the project. The results of this interview appears in Table 2.

**TABLE 2**

**SIX-MONTH STATUS BY SERVICE/CONTROL**

<table>
<thead>
<tr>
<th>General Status</th>
<th>Service</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in the Community</td>
<td>83%</td>
<td>57%</td>
</tr>
<tr>
<td>Living in Nursing Home</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>Deceased</td>
<td>6%</td>
<td>25%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Number</td>
<td>(86)</td>
<td>(28)</td>
</tr>
</tbody>
</table>

Source: The 1978-1979 Alternative Health Service Annual Report-Georgia Department of Medical Assistance, Atlanta, p. 157

While it must be emphasized that the sample size if quite small, these early findings indicate that the special project services are relatively effective in keeping clients in the community compared to the existing long-term care system after six months into the project.

The Alternative Health Service conducted a study to ascertain the comparative cost of maintaining clients in the service and control group. This study appears in Table 3.

According to the AHS study in Table 3, the mean individual total monthly Medicaid costs was slightly lower for higher risk recipients of project services compared to higher risk.
clients in the control group. This indicates that higher risk clients can be served by a system of expanded community-based care at an individual average monthly cost to Medicaid no greater than the cost of existing long-term care program.

TABLE 3
TOTAL MONTHLY MEDICAID COSTS PER PERSON BY RISK OF NURSING HOME ENTRY, BY ENROLLMENT GROUP

<table>
<thead>
<tr>
<th>Risk of N.H. Entry</th>
<th>Service</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower</td>
<td>$187</td>
<td>$146</td>
</tr>
<tr>
<td></td>
<td>$160</td>
<td>$482</td>
</tr>
<tr>
<td></td>
<td>$143</td>
<td>$24</td>
</tr>
<tr>
<td></td>
<td>(89)</td>
<td>(22)</td>
</tr>
<tr>
<td>Higher</td>
<td>$277</td>
<td>$289</td>
</tr>
<tr>
<td></td>
<td>$352</td>
<td>$465</td>
</tr>
<tr>
<td></td>
<td>$200</td>
<td>$67</td>
</tr>
<tr>
<td></td>
<td>(82)</td>
<td>(34)</td>
</tr>
<tr>
<td>Weighted Average</td>
<td>$242</td>
<td>$233</td>
</tr>
<tr>
<td></td>
<td>(171)</td>
<td>(56)</td>
</tr>
</tbody>
</table>

a Mean monthly costs of all Medicaid services, including AHS, were calculated for each enrollee's "survival period" (months between enrollment date and death or September 30, 1978, whichever was shorter). Restricted to "12 month enrollees" (enrolled prior to January 1978). "Service group" includes only those who received some AHS services (88% of referrals).

b \( \bar{x} \) = mean (average) of individual monthly costs; \( \text{med}= \text{median} \) (middle value) of individual mean costs; \( \text{S.D.}= \text{standard deviation} \) (variation); \( \text{Percent}= \text{percent of total enrollment group}; \text{N}=\text{number of cases} \).

c Weighted as if service group equalled control group on proportion of higher risk (.61). $187 \times .39 = 277 \times .61 = 242$.

Source: The 1978-1979 Alternative Health Service Annual Report-Georgia Department of Medical Assistance, Atlanta, p. 156.
Recipients of project services who were categorized as a lower risk of nursing home entry within six months cost the Medicaid program less per person, on the average, than higher risk service clients or control group members. Lower risk clients in the control groups had a somewhat lower mean and considerably lower median cost per month per person.

To further assess the effectiveness of AHS services to the elderly, the writer conducted interviews with 10 clients, 8 in the service group and 2 in the control group. These clients were chosen from a group of 20 that the writer visited during her internship. Following are the questions administered to the clients:

1. Are you currently receiving AHS services?
   Yes - 8  NO - 2

2. On a scale of 1-5; representing the quality of services rendered by AHS, how would you rate the services you have been receiving?
   Excellent Good Fair Poor Very Poor
   1 2 3 4 5
   Six - 1  Two - 2

3. On a scale of 1-5, how would you rank the service you have been receiving?
   Very Adequate Adequate Fair Inadequate Poor
   1 2 3 4 5
   Six - 1  Two - 2

The reason for the fair rating by these two clients is that they receive all service for the entire week with the exception of the two days on the week-end. They would like to receive all services seven days-a-week.
*4. If you are not receiving AHS services, are you obtaining them from another agency or project?
   No - 2

*5. If you were not selected for AHS services, would you be placed in a nursing home?
   Yes - 8

*6. If you had a choice, would you like to receive AHS services?
   Yes - 2

7. Which would prefer - Nursing home or AHS?
   Nursing Home - 0  AHS - 10

Key
+ stands for questions not applicable to Control group.
* stands for questions not applicable to Service group.

In the course of the interviews, the writer found that only a small number of the clients were willing to discuss the AHS services at greater length. Mr. Alexander Ledbetter, a client who lived alone and whose only daughter lives in New Jersey maintained he owes his life to the services being rendered by AHS. In a telephone conversation with his daughter, she maintained that she was about to place her father in a nursing home until she heard of AHS.

The second interview was with Mr. and Mrs. Henry Williams, a white couple. Both of the Williams are physically
handicapped, Mr. Williams is blind; while his wife is bedridden. Their son contacted the project because he could no longer take care of his parents since he has a family of his own. Like Mr. Ledbetter, the Williams were elated with the AHS project and the services they are receiving. The only problem that the Williams have with AHS is that, their services are not being offered on weekends.23

The third client interviewed was Mrs. O'Neil, a disabled lady who is deaf. Her sister, Mrs. Glass, answered the questions that the writer asked. Mrs. Glass had quite a lot to say about AHS because of the fact that without such services her sister would still be confined to a nursing home. Mrs. Glass said, "because of the services provided by AHS, my sister can remain at home with me."24 Mrs. Glass took her sister out of the nursing home because she was very dissatisfied with the services her sister was receiving and she could take care of her at home with a little outside help since Mrs. Glass herself has some minor problems.

A close examination of Tables 2 and 3, as well as the writer's own interviews strongly attest to the fact that the AHS services are relatively effective. Above all, it can be speculated that in addition to services, the lower death rate of the service group could be attributed to the fact that AHS

23 Mr. and Mrs. Henry Williams, interview held at 1030 Juniper St., March 11, 1980.

24 Mrs. Glass, interview held at 93 Simpson Ave., March 13, 1980.
clients were not uprooted from their familiar environment to an alien one.
IV. CONCLUSION AND RECOMMENDATIONS

An aging population is certainly not a problem unique to the United States. It is a situation that exists widely in the whole world, but it seems safe to say that nobody has yet found a very satisfactory solution to the problems of the elderly. In the foreseeable future, the population in this country will become increasing older—a fact that has enormous economic implication, in that a smaller and smaller percentage of the population will be in the labor force and will increasingly have to support a growing population that has "aged out" of the labor force.

As of today, only a few states, social services or governmental agencies have developed a system for dealing with the steadily growing older proportion of the population. Alternatives for this aging population have been implemented but few have had the success of Alternative Health Service.

This year, 1980, every ninth person in the United States will be 65 years old or older. Since the elderly population in this country is increasing every year, the need for trained personnel and specialized services to address their needs cannot be over emphasized. In light of these and all of the other problems facing the elderly, the writer suggests the following recommendations:

(1) In order to be more effective, AHS should
coordinate its services with those already existing in the community. If this is accomplished, AHS can maintain a close working relationship with the Department of Human Resources' Aging Section which administers both the Title III and Title XX contracted services for the elderly. This will result in more services being offered by the project.

(2) AHS must develop operation manuals about the procedures for each component of its project (the referral process, provider development, in-take procedure and so forth). This operation manual should be made available to other programs or project in the State.

(3) Funds should be obtained from state agencies to develop a mandatory AHS prescreening program for all elderly Medicaid eligible applicants to nursing homes in the project's area.

(4) AHS should recommend to the Georgia Department of Medical Assistance plans for implementing a statewide program so that all the elderly can benefit from the services instead of a few used for the demonstration project.

(5) AHS should discontinue its policy of placing the elderly in a control group and place all elderly in the service group.
BIBLIOGRAPHY


Butler, R.N. and Lewis, M.I. Aging and Nursing Homes, St. Louis, Mosby, 1974.


Georgia Department of Medical Assistance. Alternative Health Services Annual Report. Atlanta, Georgia. 1978-1979


Nursing Home Deficiencies, set forth in 1976 by the Subcommittee on Long-Term care. Special Committee on Aging, U.S. Senate.

Roberston, interview held with the Administrator, Sadie G. Mays Nursing Home, Atlanta, 13 February 1980.

APPENDIX A

CLIENT ASSESSMENT INTERVIEW
### Page 2

#### 2.01 Units of Blood, Alcohol

<table>
<thead>
<tr>
<th>Date of Injury</th>
<th>Alcohol</th>
<th>Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023-01-01</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### 2.07 Education

<table>
<thead>
<tr>
<th>Full Time College</th>
<th>Part Time College</th>
<th>Night School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### 2.08 Employment Status

<table>
<thead>
<tr>
<th>Full Time, 40 Hours</th>
<th>Part Time, 20 Hours</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### 2.09 Work Occupation/Gray Area

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Page 3

#### 3.01 Type of Injury/Work

<table>
<thead>
<tr>
<th>Type of Injury</th>
<th>Work</th>
<th>Full Time</th>
<th>Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### 3.02 Injuries

<table>
<thead>
<tr>
<th>Injuries</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### 3.03 Medical History

<table>
<thead>
<tr>
<th>Medical History</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Page 4

#### 4.01 Use of Alcohol

<table>
<thead>
<tr>
<th>Use of Alcohol</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### 4.02 Have you ever had a special diet?

<table>
<thead>
<tr>
<th>Diet</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### 4.10 What kind of diet (If Yes)

<table>
<thead>
<tr>
<th>Diet Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 4.11 Have you had a cough, sneezing, or other (Specify, include cold, flu, sinusitis, bronchitis, etc.)

<table>
<thead>
<tr>
<th>Other Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 4.12 During the past two weeks, did you ever lose more than 3 pounds?

<table>
<thead>
<tr>
<th>Weight Loss</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### 4.13 During the past two weeks, did you ever lose more than 3 pounds (Specify, include cold, flu, sinusitis, bronchitis, etc.)

<table>
<thead>
<tr>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

#### 4.14 Have you ever been in a hospital or emergency room?

<table>
<thead>
<tr>
<th>Hospital Visit</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### 4.15 Have you ever been in a hospital or emergency room (Specify, include cold, flu, sinusitis, bronchitis, etc.)

<table>
<thead>
<tr>
<th>Hospital Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 4.16 Did you smoke or use any drug?

<table>
<thead>
<tr>
<th>Drug Use</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### 4.17 During the past two weeks, did you ever feel changes in your physical appearance?

<table>
<thead>
<tr>
<th>Physical Appearance</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### 4.18 Did you have any significant changes in your physical appearance (Specify, include cold, flu, sinusitis, bronchitis, etc.)

<table>
<thead>
<tr>
<th>Appearance Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 4.19 Did you ever have a cold, flu, sneezing, or other (Specify, include cold, flu, sinusitis, bronchitis, etc.)

<table>
<thead>
<tr>
<th>Illness Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 4.20 During the past two weeks, did you ever lose more than 3 pounds (Specify, include cold, flu, sinusitis, bronchitis, etc.)

<table>
<thead>
<tr>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>
4.14 How often do you have a drink of beer, wine, or spirits?

WAGE 
DINNERS 
MET EATING 
AT LEAST ONE MEAL 
Do not know/Don't know 
(00-02) 

4.15 Have you been seen by any provider for your problem or condition you've been on treatment for?

YES 
NO 
Do not know/Don't know 
(00-02) 

4.16 (If "YES") Is it a problem for you now?

YES 
NO 
Do not know/Don't know 
(00-02) 

4.17 Have you ever gone into the hospital for your problem or condition you've been on treatment for?

YES 
NO 
Do not know/Don't know 
(00-02) 

4.18 (If "YES") How many times have you gone to the hospital for your problem or condition you've been on treatment for?

1-2 times 
3-4 times 
5 times or more 
Do not know/Don't know 
(00-02) 

V. OCCUPATIONAL ACTIVITIES OF DAILY LIVING

6.04 How are your self-care activities, such as bathing, dressing, and grooming, going? 

1. Do you get all your own clothes washed?

2. Do you get all your own clothes ironed?

3. Do you get all your own clothes dry cleaned?

4. Do you get all your own clothes laundered?

5. Do you get all your own clothes washed by someone else?

6. Do you get all your own clothes ironed by someone else?

7. Do you get all your own clothes dry cleaned by someone else?

8. Do you get all your own clothes laundered by someone else?

9. Do you get all your own clothes washed by someone else?

10. Do you get all your own clothes ironed by someone else?

11. Do you get all your own clothes dry cleaned by someone else?

12. Do you get all your own clothes laundered by someone else?
<table>
<thead>
<tr>
<th>Page 13</th>
<th>(GEOC 11)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.6</strong> Do you do your own laundry by yourself, with some help, or don't someone do all your laundry for you?</td>
<td></td>
</tr>
<tr>
<td><strong>6.7</strong> Do you take your own medicine, with some help, or don't someone give it to you?</td>
<td></td>
</tr>
<tr>
<td><strong>6.8</strong> Most people think about things like depositing your money in the bank or paying your bills. Do you manage your own money - such things as depositing money, paying a bill - by yourself, do you get some help, or don't you handle your money?</td>
<td></td>
</tr>
<tr>
<td><strong>7.0</strong> For the new line questions, I'd like you to tell me whether you do the activity without help of any kind. If you do not do an activity with the help of another device or do not get help from someone else (even if you have a physical or mental disability) if you don't help yourself, wouldn't you go without help of any kind, with more help, or don't you help?</td>
<td></td>
</tr>
<tr>
<td><strong>7.06</strong> Do you get in and out of bed or a chair without help of any kind, with some help, or don't you get in and out of bed without someone lifting you?</td>
<td></td>
</tr>
<tr>
<td><strong>7.10</strong> Do you shave and comb yourself without help of any kind, with some help, or don't you shave and comb yourself?</td>
<td></td>
</tr>
<tr>
<td><strong>7.11</strong> Do you get help only in tying your shoes, or do you get some help there also?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Page 14</th>
<th>(GEOC 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7.02</strong> Do you sit inside with the help of some equipment or device only, or do you get help from someone else?</td>
<td></td>
</tr>
<tr>
<td><strong>7.03</strong> Do you pay your own bills without help of any kind, with some help, or don't you pay your bills?</td>
<td></td>
</tr>
<tr>
<td><strong>7.08</strong> Do you go on and done alone with the help of new equipment or device only, or do you get help from someone else?</td>
<td></td>
</tr>
<tr>
<td><strong>7.05</strong> Most people think about things like depositing your money in the bank or paying your bills. Do you manage your own money - such things as depositing money, paying a bill - by yourself, do you get some help, or don't you handle your money?</td>
<td></td>
</tr>
<tr>
<td><strong>7.12</strong> Do you sit inside with the help of some equipment or device only, or do you get help from someone else?</td>
<td></td>
</tr>
<tr>
<td><strong>7.14</strong> Most people think about things like depositing your money in the bank or paying your bills. Do you manage your own money - such things as depositing money, paying a bill - by yourself, do you get some help, or don't you handle your money?</td>
<td></td>
</tr>
<tr>
<td><strong>7.15</strong> Do you sit inside with the help of some equipment or device only, or do you get help from someone else?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Page 15</th>
<th>(GEOC 13)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7.13</strong> Do you sit inside with the help of some equipment or device only, or do you get help from someone else?</td>
<td></td>
</tr>
<tr>
<td><strong>7.16</strong> Most people think about things like depositing your money in the bank or paying your bills. Do you manage your own money - such things as depositing money, paying a bill - by yourself, do you get some help, or don't you handle your money?</td>
<td></td>
</tr>
</tbody>
</table>
0.08 How close to this area do you live? (Very close, close, not close)

0.09 Do you feel safe when you go out in the neighborhood at night? (Very safe, somewhat safe, not safe)

0.10 How safe do you feel when you go out in the neighborhood at night? (Very safe, somewhat safe, not safe)

0.11 Describe any other problems in the neighborhood.

11.01 Have we finished? (Yes) Next, let's review your answers to ensure consistency with the issues we discussed.

11.02 We have identified three main kinds of services which we may be able to offer to you: adult day health, community-based services, and alternative living. We will talk about each of these in light of your needs and your options. If you have any questions, please ask them now.

11.03 Thank you very much for your time. We appreciate your help in this project.
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CARD 66

TOTAL ACTIVITIES

[No entries for 11.14 - 11.24, among the most frequent causes of

immobility in past two weeks. Actual functioning, not potential,

would be recorded.

11.16 For the next few questions, I'd like you to tell me whether

she (he) does the activity without help of

any kind, with some help, or not at all. First, of

all, does she (he) go outside without help of any

kind, with some help, or doesn't she (he) go outside?


11.17 Next, how about walking on level ground or a level

floor? Does she (he) walk with help of any kind,

with some help, or doesn't she (he) walk?


11.18 Does she (he) go in and out of bed on her own without

help of any kind, with some help, or doesn't she (he) go

in and out of bed unless someone lifts her (him)?


11.19 Does she (he) dress and undress without help of any kind,

with some help, or doesn't she (he) dress and undress by

himself?


11.20 Does she (he) eat without any help, with some help, or

does someone feed her (him)?


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CARD 66

11.21 Next, I'd like to talk about getting, including getting

to and from the toilet. Does she (he) take a bath or

shower without help of any kind, with some help, or

doesn't she (he) take a bath or shower at all?


11.22 Does she (he) sit down on the toilet, closing up and

flushing cloths, sans help of any kind, with some

help, or doesn't she (he) sit down on the toilet?


11.23 Does she (he) have trouble getting to the bathroom or

condo on time, or does she (he) have accidentes either

with going unaided or about movements?


11.24 About how often does she (he) get wet herself (himself) during

the day or night? Would you try less than once a week, once or
twice a week, or more than twice a week?


11.25 If (CLIENT) can get the help you receive and is mobile (able to

walk), how permanent is your (CLIENT) care during the day or

night, (client's specific)? Do you think it would be

permanent, or are you uncertain about how permanent it would be?


11.26 Do you consider (CLIENT) to have any physical frailty or risk of

falling in the house? (Client's individual, needs of

medical care, state of physical health.)


11.27 If (CLIENT) has no bed...

WHAT KIND OF BED (CLIENT) has?

11.28 Do you consider (CLIENT) to need assistance for any

kinds of personal care (e.g., care of

personal hygiene, use of

personal care aids)?


11.29 If (CLIENT) is not

living in a

What kind of personal care or living arrangement do you think

(CLIENT) needs?