



It's 'Medicaid discrimination'

By Alice Collins
staff writer

"SHE TOLD us she didn't care if she lived anymore. . . . In less than a year, she died of respiratory failure."

Jan Petrie was speaking of her mother-in-law, who died in 1983 after being forced to move out of a nursing home in Livonia where she received quality care. She moved to an inferior facility in Detroit because it had the only bed immediately available.

Petrie's mother-in-law needed financial assistance through the Medicaid program for her care. She was given 30 days to leave the Livonia nursing home after she was reclassified from needing skilled care to needing only basic care.

"SHE COULD have stayed if she'd been a private-pay patient," Petrie said, "but the home told us it was no longer going to accept basic Medicaid patients, and we had to move her out."

"Other nursing homes were doing the same thing at the time, and we got no help in finding her alternative housing."

"As a result, we had to put her into a nursing home that turned out to be very inferior. She went there after having been in a situation where she was happy and in relatively good health. It was the worst experience of our lives," Petrie said.

"MEDICAID discrimination" is the term commonly used to describe what happened.

It means that when a nursing home has a choice of filling an empty bed with a) a private-pay patient who pays top rates, or b) a Medicaid-eligible patient whose rates are cost-controlled by the state, the facility will welcome the private-pay person. Medicaid is a state-federal program that pays for those lacking other resources.

People from all sides of this burgeoning industry — even the Health Care Association of Michigan that represents the nursing homes — agree that nursing homes do discriminate against applicants and patients who must rely on the Medicaid program in whole or part.

They disagree, however, on causes and remedies.

THE HEALTH care association lashed out at the Michigan health and welfare delivery system in a white paper presented Oct. 30 to the Intergovernmental Nursing Home Action Team, a group formed by Gov. James Blanchard to recommend solutions to problems in the industry.

"Nursing homes have been charged in varying ways with discrimination for their increasing reluctance to accept as patients persons either eligible for Medicaid or presumed to be eligible," the white paper said. "In fact, more and more homes in recent years have found it necessary to

restrict admissions in reaction to the failures of our state's health and welfare delivery system."

The association maintains that the main reason Medicaid patients "get quality care in the majority of homes" is "because the cost of their care is supplemented by payments from non-Medicaid patients."

PRIVATE-PAY patients always pay more for the services at a nursing home than the state pays for Medicaid patients, said Celia Savonen, project coordinator with Citizens for Better Care, a consumer group.

Most nursing homes are certified to accept Medicaid patients. A few, by choice, do not. These are facilities that usually provide the most and best services to private-pay residents.

According to Citizens for Better Care, more than 65 percent of Michigan's nursing home residents use Medicaid to help pay for their care. More than 60 percent of those who enter a nursing home paying privately will eventually need the help of the Medicaid program.

HERE ARE some ways in which nursing homes discriminate against the Medicaid patients — some illegal, some proper.

- **Illegal:** Some facilities ask that Medicaid-eligible patients or their families sign private-pay duration of stay contracts. The patient, or his or her family, agrees that the patient will stay a specified length of time, before converting to Medicaid.

- **Possibly illegal:** The number of Medicaid patients who can be admitted to some nursing homes is limited by the facilities seeking Medicaid certification for only some of their licensed beds.

- **Discriminatory, but not illegal:** Maintaining dual waiting lists — one for private-pay patients and one for Medicaid patients.

- **Legal:** Some facilities have a quota of beds for Medicaid patients.

- **Some homes may ask for a deposit at the time of admission in addition to the patient-pay amount. There is no legal reason for a home to ask for this money if the patient already has a Medicaid card.**

- **Illegal:** A facility requires continuation of a private-pay contract once the individual becomes Medicaid eligible.

- **Illegal:** A facility asks for contributions, donations or gifts as a condition of admission or continued stay.

- **Illegal:** A nursing home that is certified for Medicaid patients discharges patients as they exhaust their financial resources to the point of being eligible for Medicaid.

- **Illegal:** Sometimes nursing homes charge Medicaid patients or their families for goods and services that are part of the facility's payment from Medicaid.



Nurse Noreen Acheson, director of nursing, says Canton Care might not have a lot of extras, but it provides good care for residents.

Visit to a home with troubles

By Diane Gale
staff writer

CANTON Care Nursing Home has been knocked for the care it gives residents, nearly all of whom are Medicaid patients.

But the director of nursing blames "the system" for failing to provide enough money to make life better for patients.

"The system stinks, as far as I'm concerned," said registered nurse Noreen Acheson.

She said better conditions depend on whether Michigan legislators will allow higher Medicaid payments to nursing homes.

"We have folks here without family, and we try to provide not only the necessities but niceties," she said. "If they could function on the outside, they would. Their physical condition is such that family can't care for them."

THE BUILDING is old. Each room has a sink, but bathroom and showers are shared.

Some rooms are wards where beds line the walls. They exceed the bed limit set by the state Health Department, but are accepted because they existed before the rule went into effect.

"We try to be as creative as we can with the little bit of money that we have," Acheson said. "We like families to see we're not a brand new fancy hotel, but we do keep it clean, and we try to provide for them as best we can."

FOR MORE than eight years, Canton Care, then known as Dion Memorial Nursing Home, fought Department of Public Health charges that it failed to comply with the health code.

By 1984 the state was threatening to close the doors — its most drastic measure.

Late in 1984 Brian Suter bought the facility on Michigan Avenue, and things seemed to turn around. Its name was changed to Canton Care. The state issued a short-term license.

Improvements were made, and the nursing home was taken off the state's "intent to deny license" list.

BUT NOT ALL the problems disappeared.

Last summer a resident who had wandered away from the facility was found dead in a field. Another resident wandered away later in the year.

Wandering is a patient rights issue, Acheson said, and the facility has alarms on the doors. Some residents are allowed to leave the facility on their own, but those who should be attended outdoors sometimes slip through unnoticed.

"We don't restrain too much or tie the people down. They (patients) do have rights. I don't believe in chemical or physical restraints unless it's for their own safety," she said.

"I would like to see the public understand that nursing homes aren't warehouses. People do go home once in a while."

ANNOUNCEMENTS blared over an intercom as residents walked freely in the hallways during a recent visit.

"I don't believe a nursing home should be a quiet, sedate place. I would rather have a lot of noise," said Acheson, who has worked at the facility for two years.

"We let them do what they want if they're not hurting anyone."

Nursing staff is trained beyond what is minimally required by the health department, she said. The high turnover rate among nurses' aides is a problem, Acheson said.

It's hard to weed out poor workers who were fired at other nursing homes, she said, because administrators fail to pass along the information, fearing a lawsuit.

CANTON CARE depends largely on volunteer efforts, compassion by workers who bring in things for the residents, and used furniture sales.

Currently it is looking for low-priced rocking chairs. "It makes agitated people more calm," Acheson said.

"Our public exposure has been so bad that we'll have to work double time to bring it back," Acheson said.

At the end of the tour, Acheson gestured with her hand and said: "I don't think you saw too many people unhappy, and that's the most important thing."