Cash and Counseling: Long Term Home-Based Care
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Abstract

Approximately 12 million Americans of all ages need some kind of long-term care. Most people needing assistance with daily living are elderly and reside at home. Community-based programs provide some home care, but more home-based services are needed to fit the needs of patients.

In about thirty states, consumer-directed services are authorized under Medicaid. In this model, participants receive a monthly allowance and hire and train their own health care providers, often their own family members. Supporters of consumer-directed services emphasize the advantages of consumer choice, individual independence and autonomy, and low cost. The issue of quality of care is controversial. Agencies feel they can provide higher quality of care than can untrained family members, but many homebound patients feel they can be better taken of by a family member.

Cash and Counseling (C&C) is a demonstration project emphasizing consumer-directed support services to homebound elderly and disabled people. It has been piloted in three states so far: Arkansas, Florida and New Jersey. In all three Cash and Counseling programs access to care and services increased. Quality as measured by satisfaction and health outcomes improved. Many participants stated the program had improved their lives. Nevertheless, more research is needed to create models for managing quality in a consumer-directed program where states must balance consumer responsibility and state accountability.