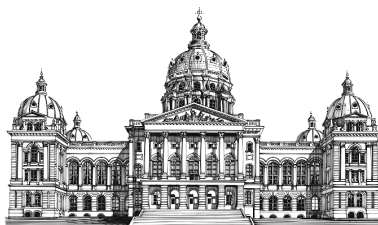


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An Update of the Case Management Program for FY1999

ISSUE

This **Review** is an update of the Department of Elder Affairs' Case Management Program for Frail Elderly, including individualized client plans and impact to individuals remaining in the home.

AFFECTED AGENCIES

Department of Elder Affairs
Department of Human Services
Department of Inspections and Appeals

CODE AUTHORITY

Section 231.56, Code of Iowa

BACKGROUND

The 1986 General Assembly established a Long-Term Care Coordinating Unit, which included the above listed affected agencies. Also, two consumer members are appointed by the Governor to the Unit. One of the responsibilities of the Unit is to develop mechanisms and procedures to implement a community-based, case-managed system of long-term care services delivery based on the use of a comprehensive assessment tool.

Initiated in 1987 with two demonstration projects in Cerro Gordo and Linn Counties, the Program is currently utilized by all 13 Area Agencies on Aging administering case management programs for the frail elderly. As of October 1997, 87 counties were designated participants in the Program. Two additional counties are expected to apply for designation effective April 1998. It is anticipated that the remaining 10 counties will be designated during FY 1999, if the Department of Elder Affairs receives the requested Case Management appropriation for FY 1999. **Attachment A** is a map which depicts the State fiscal year in which each Iowa county entered the Case Management Program, or the fiscal year it is anticipated that the county will enter the Program.

The Program is a comprehensive system in which each client's care is monitored by an individual case manager. The case manager assists the client in making appropriate use of the long-term care continuum. The Program has several functions, including:

- Screening
- Assessment
- Interdisciplinary case conferences
- Written care plan
- Information about, referral to, or provisions of services
- Care monitoring
- Ongoing follow-up and reassessment to assure proper placement within the service array
- Evaluation of services results
- Discharge planning

The Iowa Association of Area Agencies on Aging has developed a brochure which outlines the benefits of the Case Management Program. **Attachment B** is a copy of the brochure and is available at all 13 Area Agencies on Aging.

Entry into the Case Management Program occurs through the Functional Abilities Screening Evaluation (FASE). The purpose of the Evaluation is to identify persons with multiple problems or service needs and recommend participation in a comprehensive assessment of health status and functional ability through the Iowa Assessment Tool. The Iowa Assessment Tool supplies information on an individual which is needed to make long-term care decisions by projecting multiple service needs. The presence of multiple areas of partial or total dependence are indicators of the need for coordination of services and case management. A person with multiple needs is invited to participate in an interdisciplinary team staffing where an individualized care plan is developed, initial arrangements for services are made, and a case manager is appointed.

Case management services are then provided. The services include:

- Implementation of the care plan
- Regular client communication
- Advocacy on behalf of the client
- Regular communication with the client's service providers
- Monitoring of services appropriateness
- Quality and frequency of services
- Regular reassessment of the client's needs

In addition, the Federal Social Security Act authorizes the Secretary of Health and Human Services to waive certain Medicaid statutory requirements to cover an array of home and community-based services as an alternative to institutionalization. **Attachment C** lists the services included in Iowa's Home Care Option - Medicaid Elderly Waiver.

The targeted population served by the Program includes persons age 60 and over with potential for the following:

- Multiple or complex problems, often chronic in nature
- Multiple service needs
- Problems that are vague, poorly defined, or indicate a change in status
- Need of a personal advocate
- Circumstances exist making it difficult to remain at home
- Institutional care is being considered
- Evidence of physical or emotional abuse

CURRENT SITUATION

The following activities were reported to the Department of Elder Affairs by the 87 participating counties:

FY 1997 Case Management Activities

<u>Activity</u>	<u>Number</u>	<u>Notes</u>
Functional Abilities Screening Evaluation (FASE)	7,329	
Iowa Assessment	5,522	
New Clients	3,156	
New Clients Meeting Medicaid Medical Necessity Criteria for Intermediate Level of Care	2,291	73.0% of New Clients
Total Clients Served in FY 1997	6,315	
Case Management Program Clients Currently Receiving Medicaid Home- and Community-Based Services - Elderly Waiver Services	1,475	36.0% of Active Clients
Discharges:		
Rehabilitated/No Longer Need Services	281	12.8%
Institutionalized	869	39.6%
Death	503	22.9%
Request of the Client	323	14.7%
Moved from Area	106	4.8%
Client's Needs Could Not Be Met	28	1.3%
Inactive	29	1.3%
Other	57	2.6%
Total	<u>2,196</u>	100.0%

Average Length of Stay in Case Management Program of Discharged Clients: 11 months

Range of Length of Stay of Discharged Clients: 1 month to 6 years

The typical Case Management Program client during FY 1996 was a white female, 79 years old, widowed, and living alone. The typical client required assistance with one or more of the following activities of daily living: feeding, dressing, grooming, bathing, toileting, and incontinence. During

FY 1996, 26.0% of the clients did not need to access a nursing facility. Of the 4,598 clients who remained in their own homes with this Program during FY 1996, 70.0% (3,236 individuals) medically qualified for nursing facility care and 31.0% qualified medically and financially for Medicaid payment for nursing facility care.

A survey of Program client satisfaction was completed in FY 1994. The results showed a high rate of satisfaction with both the services received and the case management process. Responses indicate that 95.0% of the respondents believed that the Program postponed institutionalization and 95.0% would recommend the Program to others.

The Home Care Options / Medicaid Elderly Waiver Handout is provided by the Department of Elder Affairs to individuals seeking information concerning Case Management. The handout lists the criteria qualifying an individual for the Program and potential services. The handout also provides the definition and requirements of Case Management, answers common payment questions, and directs an individual where to apply for the Waiver. (See **Attachment C**)

ALTERNATIVES

The primary alternative to the Program is the premature institutionalization of individuals over 60 years of age. Premature institutionalization would result in the need for additional beds in nursing care facilities which is more costly than in-home care.

BUDGET IMPACT

- The FY 1996 appropriation for the Program was \$1.0 million, for FY 1997, \$1.5 million, and FY 1998 is \$2.1 million. The increased funding is expected to make case management services available to older Iowans in a total of 89 counties by the close of FY 1998. The Department of Elder Affairs has requested a \$500,000 increase in the appropriation to the Program for FY 1999 enabling case management to be available in all 99 counties (statewide) in FY 1999.
- In FY 1996, each \$1.00 in the State Case Management appropriation of \$1,020,000 generated \$2.43 in federal funds:

\$2,016,892	Federal Participation (67.0%) Medicaid Expenditures for Home & Community-Based Services Elderly Waiver Clients (HCBS-EW)
330,000	HUD Congregate Housing Services Program
104,743	Federal Participation (50.0%) Medicaid Reimbursement for Client Assessments
30,000	Federal Participation (75.0%) Medicaid Level of Care Program Data Contract
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<u>\$2,481,635</u>	Federal Funds Drawn

The following chart illustrates the typical actual (federal and State) payment for an elderly waiver client and a nursing facility client after client participation.

Statewide Average Monthly Payment FY 1996 Cost Data**Home- and Community-Based Cost Per Client**

\$1,329	Per Nursing Facility (Does not include payment for medical services under Title XIX [i.e., physician or medications.])
351	Per Home & Community-Based Services Elderly Waiver Clients Served (Waiver Services only, does not include medical services.)

\$978	Statewide average savings per Home & Community-Based Services Elderly Waiver client per month.*
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*State share of savings equals \$323 (33.0%) per client per month. The remaining \$655 (67.0%) is the federal share of the Medicaid savings.

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